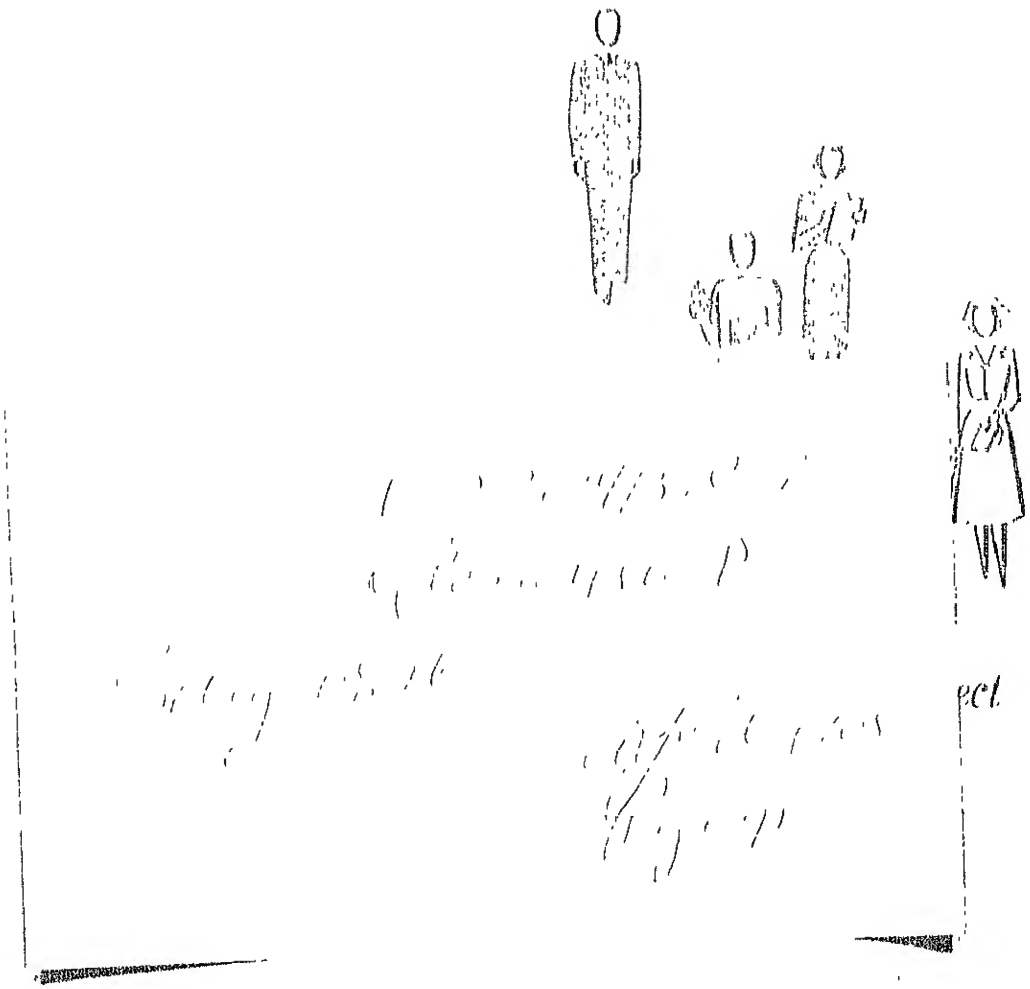
HOSPITAL PERSONNEL



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

HOSPITAL PERSONNEL

Report of a Personnel Research Project

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Division of Hospital and Medical Facilities
Washington, D.C. 20201

Summary of a research project (HM-00090) sponsored by the Hospital and Medical Facilities (Hill-Burton) Program of the Public Health Service, U.S. Department of Health, Education, and Welfare

Public Health Service Publication No. 930-C-9

October 1964

perintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402 - Price 75 cents

FOREWORD

One of every 100 Americans works in hospitals on a full-time basis; this is about 2.5 percent of the total number of employed people in the country. The almost 2 million employees serve the more than 26 million inpatients and over 100 million outpatients treated by hospitals. Two-thirds of the more than $10 billion expended for hospital care is spent for payroll purposes.

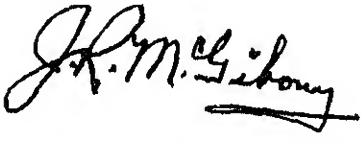
Patients, personnel, and costs continue to rise. It is imperative that hospitals, and others concerned, give increasing attention to all the elements of personnel which make for efficient management, financial stability, and quality of patient care.

To stimulate such consideration, the Public Health Service exercised the authority and responsibility assigned to it by Congress under the Hill-Burton program to "conduct . . . and . . . make grants . . . for the conduct of research, experiments, or demonstrations relating to the development, utilization, and coordination of services, facilities, and resources of hospitals. . . ."

Such a grant was made in 1957 to a forward-looking administrative group at St. Vincent's Hospital, New York City, for study and development of various factors relating to hospital personnel. The report on the research project as developed by the investigators contained both highly technical and detailed information essential to this type of study. To make the findings of value to other hospitals, the most significant observations have been identified and are presented in a condensed, simplified version.

Major credit for the present report is due Miss Ida Brugnetti, Health Education Consultant of the Division, who was given responsibility for the selection of content, its development, arrangement, and preparation. We are grateful to the staff of the Personnel Department of St. Vincent's Hospital for their cooperation and their willingness to confer repeatedly during the preparation of this document.

All of the methodology, findings, and procedures cannot be applied in every hospital, but every hospital should be stimulated to develop, on a continuing basis, a program for analysis and evaluation of its personnel activities. Only thus can the best utilization of resources and satisfactory patient care be assured.



J. R. McGibony, M.D.
Chief, Intramural Research
Division of Hospital and Medical Facilities

PREFACE

Several years ago, St. Vincent's Hospital of the City of New York became concerned with problems of personnel turnover, optimum utilization of personnel, and more efficient expenditure of funds. A need was felt to experiment with good personnel policies and practices to discover how these might be adapted for hospital use. The result was a personnel research project entitled "Developing Scientific Personnel Systems and Methods," which was completed in 1959.

This report is a condensation of the research project, supplemented by the latest data from St. Vincent's Hospital. It is designed so that other hospitals, which may find the experiences and results applicable, will be saved the exploratory efforts which St. Vincent's Hospital had to make in their efforts to find answers.

Because the research project attacked many aspects of the personnel program in a brief span of 3 years, a number of the endeavors were concurrent with others, so that overlapping and dovetailing resulted. Changes in objectives and methodology were instituted as findings indicated. Findings evolved in one area of study were found to have a bearing on other areas. Consequently, no phase of the project can be viewed in complete isolation from the total project and its parts.

To meet the requests of different hospitals, with their differing needs and interests, however, an effort has been made to extract the findings and to condense them into separate chapters covering the various phases of the personnel research project. Despite this separation, the reader will find each chapter containing references to others. Although this is unavoidable, efforts have been made to keep such references to a minimum.

Each chapter sets forth the particular topic studied, the methods employed, and the findings. The interpretation of findings, the conclusions, and the recommendations are all those of St. Vincent's Hospital based on their experiences with and judgments of the study.

The bibliography of the original project has been expanded to include current, pertinent publications on the general subject of personnel management and the specific topics of the report.

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Chapter I

The Project

Background, Objectives, and Methodology

ST. VINCENT'S HOSPITAL, founded in 1849, has 830 beds. A medical center, with teaching and research facilities, owned and operated by the Sisters of Charity of St. Vincent de Paul of New York, it maintains a school of nursing, a laboratory school of medical technology, and intern and resident graduate training programs. The hospital is affiliated with six universities for graduate study in medicine, hospital administration, nursing administration, and social service. Its expanding clinical research program resulted in the construction of a 10-story research building.

The figures cited below are a comparison of patient care services for 1958 and 1963. The volume of service has remained fairly constant over the years, with emphasis placed on improved patient care techniques and facilities.

	1958	*1963*
Total number of bed patients	22,000	20,677
Total bed patient days of care	200,000	207,835
Total Outpatient Department visits	84,000	76,384
Total emergency visits	38,000	41,809

In 1958 the hospital had a medical staff of 377, a graduate nursing staff of 225, and a total of 1,509 employees on the payroll. Of the $10 million yearly cost of operation, $7 million, or 74 percent, was payroll expense.

By 1963, the hospital had a medical staff of 402, a graduate nursing staff of 309 and a total of 1,741 employees on the payroll. Of the $12 million yearly cost of operation, $8 million, or 70 percent, was payroll expense.

OBJECTIVES AND SCOPE OF PROJECT

The basic project objective was: to *determine how to improve employee job satisfactions and performance so as to improve patient care without increasing costs.*

Specifically undertaken were: (1) an analysis of turnover, and experiments with procedures for reducing the loss of good employees; (2) the preparation of job descriptions, job specifications, and a realistic wage and salary schedule for all hospital employees; (3) an analysis of the problems involved in, and experimentation with methods to improve recruitment and selection of hospital personnel; (4) experimentation with supervisory development; (5) surveys of changes in employees' attitudes toward the hospital and their jobs as a result of improved personnel practices; (6) experimentation with techniques for improved internal communications.

ORGANIZING FOR THE PROJECT

Responsibility for planning and directing the project was originally delegated to a Personnel Research Committee. As the workload increased this group became known as the Research Council, and under it were established six operating committees: wage and salary, selection, recruitment, analysis of turnover, training, and publications. Each committee had a technical director, usually a hospital employee who was a trained specialist in the subject area, as well as access to paid special consultants including psychologists, sociologists, and personnel experts to guide in the planning and pursuit of its particular project goals.

Statistical and clerical help also was available, as well as an approved progress and completion schedule for each research study.

To permit the views of all employees to be considered, employees were appointed as special consultants to serve as representatives of the different categories of employees.

The following organization was used:

- The hospital administrator served as principal investigator of the project.
- The chairman of each committee of the Research Council was responsible for the committee's operation.
- The technical director for each committee was a member of the respective committee, and had adequate free time assigned to the work of his committee. He was responsible to his committee for its technical planning and procedures.
- The technical directors and the project consultants were responsible to the chief investigator.
- The services of the personnel research consultant and the special consultants were available to assist all committees, on request.
- To insure adequate two-way communication:

Each research committee chairman was a member of the Research Council.

The chief investigator was the chairman of the Research Council.

The chief investigator was a member of the Hospital's Administrative Council.

This structure provided not only excellent coordination but a maximum communication flow, horizontally and vertically.

STAFF INVOLVEMENT

The 3-year program covered most aspects of personnel, and involved and affected every employee and all levels of management. An indication of the magnitude of the project is found in the participation of employees on the various aspects of the project—a total of 12,000 man-hours.

With respect to this investment of time, the Administrator of St. Vincent's states, "despite the heavy demands of the research program, it should be conducted by the people who are to apply the findings and benefit from its application. . . . Our experience during the project confirmed our hypothesis that an effective personnel research approach is that of self-appraisal and self-improvement by all hospital employees in a carefully planned program, assisted by technical consultants to avoid trial-and-error efforts. As a result we carried on a dynamic 3-year program of employee and staff development without calling it that. There remain indelibly in our policies and practices, and in the attitude, knowledge, skills, and concerns of our staff, the benefits of all working together to improve *our* personnel program, within the administrative framework of the hospital."

St. Vincent's staff recommends an adaptation of this procedure for other hospitals.

Evaluating the Project

The effectiveness of the St. Vincent's project in achieving its objective can best be summarized in the words of the Hospital Administrator:

"We found answers to our basic project objective—how to improve employee job satisfactions and performance so as to improve patient care, without increasing costs. We now believe that by good personnel practices a hospital can reduce, or at least not increase, payroll costs, even after increasing wages and salaries. Turnover, with all of its wastes, can be reduced by at least 50 percent. The whole management function can be upgraded—with all the savings that could result—by clarifying the roles of supervisors and then preparing supervisors and department heads for increasing authorities and responsibilities. With these improvements—and the savings that will result from improved communications, careful studies of staffing needs and job tasks, methods improvements, reductions in wastes in time and materials, development of reasonable performance standards and objective performance evaluations—measurably improved morale, job satisfactions, and performance will result. All of these, in turn, affect patient care."

Chapter II

Analysis of Personnel Turnover

EARLY IN THE QUEST to find ways to improve patient care through lower costs and enhanced employee job satisfaction, the Research Council decided on *a reduction of avoidable turnover among good employees as a focal objective of their research program.* A study in four departments revealed that costs resulting from labor turnover were among the expensive items.

As defined by the Department of Labor, turnover refers to the movement of wage and salary workers into and out of employment status with respect to individual establishments. Turnover rates include two broad groups: accessions or additions to employment and separations or terminations of employment.

How much of a problem was turnover at St. Vincent's Hospital? Would the reduction of turnover help harness the exploding costs of hospital care? Could turnover be reduced? What personnel practices of business and industry apply to hospitals? Would a comprehensive personnel program lead to improved patient service at lower costs? These were some of the questions the research project sought to answer.

Defining Goals

The responsibility for fact-finding and analysis of turnover was assigned to the Analysis of Turnover Committee. This group, with the assistance of other committees and professional management consultants, defined their specific goals as seeking answers to the following questions:

- How can *true* turnover statistics be secured and presented?
- How do the St. Vincent's Hospital turnover statistics compare with those of other hospitals and business organizations with similar positions?
- Can turnover statistics be analyzed to pinpoint "problem positions" and "problem departments" which have the highest turnover rates?
- Can resignations be classified as "avoidable" and "unavoidable"?
- Is it possible to determine the characteristics of stable, successful employees that differentiate them from employees who are discharged and those who leave for avoidable reasons?
- Can steps be taken, on an experimental basis, to reduce avoidable resignations by good employees?
- Can the costs of turnover be determined or estimated?

Computing Turnover: Methods and Application

In their analysis St. Vincent's soon discovered that several formulas are used to determine and report turnover of personnel; this lack of standardization in methodology leaves little room for comparison of data between industries and hospitals. Some groups use monthly statistics, others prefer annual figures—each with different formulas.

A survey of hospitals in New York City revealed that those determining turnover used the same basic formula but *not* uniformly. In computing their labor changes, all excluded interns and resident physicians, most excluded vacation relief employees and those on special grant budgets, re-

ligious hospitals excluded Sisters because they do not appear on the payroll though filling positions, and a few hospitals reported nurses separately as a specialized problem.

A review of turnover rates in industry disclosed that Separation Rates and Accession (hiring) Rates are utilized. However, unlike industry, hospitals do not face seasonal or cyclic changes in employment requirements, nor do they find technological unemployment a measurable problem in labor turnover. For all practical purposes, accessions and separations in hospitals are balanced, except in periods of building expansion. Numbers on hospital payrolls change gradually, in contrast to manufacturing industries where monthly fluctuations in accessions and terminations show as much as a 20-percent range. Such payroll fluctuations do not occur in hospitals. As a consequence, of 20 hospitals in the New York City sample survey, only 3 determined the separation rate and none determined the accession rate.

A second index, commonly used in industry and business to analyze the characteristics of the turnover rate, is the Stability Rate, i.e., *the percentage of those employees on the staff at the beginning of the year who remained during that year.* This index reveals that a 60-percent turnover rate does not necessarily mean that 60 percent of the employees left during the year, and 40 percent remained. Rather, the 60-percent rate may apply with 80 percent of the employees remaining, because turnover may occur in some jobs several times during the year.

On the basis of these findings, the committee decided to utilize the separation rate for computing turnover at St. Vincent's and to include in the formula all employees filling payroll positions except nuns, interns, residents, and the medical staff. In addition, the following changes would be recorded as turnover incidents: the vacating of a part-time position by a dual-job employee, maternity leave, military leave, and the separation of bona fide temporary employees (vacation substitutes, part-time students, and project research staff members). Promotions and transfers would *not* be recorded as turnover incidents.

The following formula recommended by the U.S. Department of Labor was found to be most suitable for hospitals, since it appears to produce a more accurate annual turnover rate than using midyear or annual averages:

$$\text{Turnover rate} = \frac{\text{Number of separations per month} \times 100}{\text{Average number on payroll}}$$

The above formula, applied to St. Vincent's Hospital, showed the following turnover rates:

1955—64.6%	1959—45.9%
1956—73.8%	1960—30.5%
*1957—55.5%	1963—25.5%
1958—61.8%	

*The Research Project was begun in April 1957 and terminated in 1960.

The stability rate was then used as an aid in diagnosing the turnover problem and in planning remedial and preventive actions. The stability rate was analyzed in terms of: (1) the length of service of those who remain and those who leave; and (2) turnover by departments, by job titles, and by individual positions.

Such breakdowns were computed and are discussed later. Suffice it here to say that the annual stability rate was 66.6 percent for 1958 and 71.5 percent for 1959.

The question of how this turnover rate compared with industry and with rates in other hospitals was difficult to answer, since there are no hospital figures available on a national basis and there is a lack of uniformity in reporting. Furthermore, reliable studies on the subject are limited in number and scope. One pilot study of more than 300 hospitals, conducted in 1958 by the Catholic Hospital Association, found the personnel loss each month averaged 5.3 percent or 63.6 percent per year.[1] However, for hospitals in industrial areas the Catholic Hospital Association reported an 83-percent annual turnover rate and an average stability rate of 67 percent.[2]

Hence, in 1958, St. Vincent's 61.8-percent turnover rate compared very favorably with the 83-percent (industrial area) figure of the Catholic Hospital Association. The 66.6-percent stability rate of St. Vincent's was about the same as the 67-percent average reported by the Catholic Hospital Association.

In a more limited study conducted by the Public Health Service in cooperation with the American Hospital Association in 1956, among 51 hospitals in 6 States, the annual turnover rate for staff nurses was 66.9 percent and, for aides, orderlies and attendants, 70 percent.[3]

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[1] Christopher, W. I. "A Dozen Basic Problems." See item 23 in Selected Bibliography.

[2] Christopher, W. I. "Labor Turnover—Expensive Luxury or Controllable Cost?" See item 24 in Selected Bibliography.

[3] Levine, E. "Turnover Among Nursing Personnel in General Hospitals." See item 32 in Selected Bibliography.

From a survey conducted among 20 personnel directors of hospitals in New York City, the estimated average annual turnover for all voluntary hospitals in the City was about 58 percent with a range from 40 percent to 100 percent. It is interesting to note that about one-third of the personnel directors had no idea of the estimated average turnover. A sampling study suggested that the actual turnover reported for 1959 by City voluntary hospitals ranged from 34.2 percent to 90 percent with the mean about 55 percent. However, a true comparison of these reports was not possible because of variations in types of employees included in the statistical analyses.

Neither was it possible to compare the stability rate with other voluntary hospitals in the City, because only 3 of 20 personnel directors surveyed (15 percent) computed a stability rate.

This experience emphasizes the need for a survey and analysis of hospital turnover on a national basis, and the need for reporting such data based on a standard formula and set of criteria.

Using the figures of the Catholic Hospital Association, it would seem that the annual turnover rate in hospitals averages at least 60 percent, compared with about 30 percent in all business and industry throughout the United States, as reported by the U.S. Department of Labor. This wide difference between the turnover rate of hospitals and business posed a challenge—where does a hospital begin in trying to reduce turnover?

Analyzing Turnover and Its Causes

Before remedial action could be instituted, much more needed to be known about the nature of the turnover problem, e.g., which positions and which departments had the highest turnover rate?

Turnover rates for each department were computed using the formula and criteria described on page 4. Departments were then ranked according to turnover rate and a compilation was made, enabling department heads to see their relative contributions to the hospital turnover problem and their progress from year to year. These findings are summarized in Appendix A, Exhibit 1a.

Hospitals need to be cautioned, however, that departmental turnover figures do not indicate the *stability* of the different positions within a department, nor do they separate labor market influences from those arising within a department. As a result, a department may be ranked in this analysis against the hospital turnover norms. Without further analysis, it may be blamed or praised for factors beyond its control. For example, turnover in hospital laundries, as in hotel and commercial laundries, is consistently lower than that in other job areas in which employees have similar backgrounds and abilities. From observation it seems that those who select laundry work and continue in it become accustomed to the physical demands and the heat and dampness. The laundry employees work closely together in an area that is easily supervised directly, and since there are generally accepted, reasonable work-performance norms for the repetitious machine-feeding and machine-operating tasks, they know what is expected of them. On the other hand, studies usually show high turnover among nursing departments, as staff nurses and nursing auxiliaries leave for a combination of reasons: to seek greater job satisfaction, a better salary, or because of marriage and family responsibilities.

Nevertheless, the analysis of turnover by departments did give the department heads and the hospital administrator a starting point for the analysis of the turnover problem. But, to make the data more meaningful, an analysis by job titles and jobs was also carried out. The determinations indicated job titles with largest turnover. See Tables I and II.

Table I. Jobs with largest turnover, 10 or more separations, 1959

Job title	Number employees in job	Number separations	Turnover rate (percent)	Rank order turnover rate
Nurses	267	175	65.5	4
Clerks	145	93	64.1	5
Nurses' Aides	153	72	47.0	9
Pantry Workers	97	39	40.2	10
Psychiatric Technicians	63	38	60.3	6
Porters	51	26	50.9	8
Laboratory Technicians	31	21	67.7	3
Maids	67	21	31.3	13
X-ray Technicians	21	16	76.1	2
Ward Clerks	41	16	39.0	12
Secretaries	12	10	83.3	1
Telephone Operators	17	10	58.8	7
Elevator Operators	25	10	40.0	11

Also isolated were "trouble jobs," i.e., the particular jobs among those with the same job title having a high turnover rate. These were isolated by a study of the past history of incum-

Table II. Other jobs with few (fewer than 10) separations but high (over 50 percent) turnover rates, 1959

Job title	Number employees in job	Number separations	Turnover rate (percent)
Messengers	3	6	200. 0
Personnel Assistants	1	2	200. 0
Social Service Aides	3	5	166. 7
Pharmacists	4	6	150. 0
Occupational Therapists	2	3	150. 0
Painters	4	5	125. 0
Truckmen	5	5	100. 0
Assistant Supervisor of Accounts	1	1	100 0
Refrigeration Engineers	1	1	100. 0
Ambulance Attendants	6	5	83. 3
Press Operators (Laundry)	6	5	83. 3
Seamstresses	7	5	71 4
Pot Washers	3	2	66. 7
E.K.G. Technicians	3	2	66. 7
Mechanics	14	8	57. 1

bencies. Another index applied was the stability rate which, for 1959, revealed that during the single year: 1 position had 5 incumbents; 5 had 4 incumbents; and 11 particular positions each had 3 different employees.

By these analyses the problems of turnover were becoming more clearly defined. The staff of St. Vincent's Hospital believe that their analysis of turnover would have been more significant if comparable data had been available from other hospitals, and from other organizations and companies with similar positions, e.g., nursing homes, hotels, and company health services. Statistics in the U.S. Department of Labor *Monthly Labor Review* on turnover in such job areas as office work, reception and telephone operation, and engineering and maintenance, proved useful in interpreting the hospital departmental statistics.

AVOIDABLE AND UNAVOIDABLE TURNOVER

While some turnover is desirable to permit promotions and to introduce new employees with different experiences and new perceptions, the logical goal of the personnel office is to reduce to a minimum the separations that might have been avoided. To attain this goal, the St. Vincent's staff decided on two preliminary steps: to attempt to classify separations as "avoidable" or "unavoidable," and to determine reasonable, valid reasons for separation.

Experience with the Catholic Hospital Association's survey of turnover, combined with their own arbitrary classification of reasons for turnover, led the St. Vincent's staff to adopt the following categories for classifying turnover as avoidable or unavoidable.

Classification of Turnover

Avoidable Reasons	*Unavoidable Reasons*
Moves (on employee's initiative)	Family moves
Injured (at work)	Marries
Starts own business	Pregnancy
Returns to old job	Needed at home (validated)
Seeks a better job	Illness
Military service (voluntary)	Injured (outside of hospital)
Difficult transportation	Inherits a business
Rate of pay	Returns to school
Rate of adjustments	Military service (required)
Objects to hours	Job eliminated
Objects to schedule	Organizational change
Objects to shift	Temporary or relief period ended
Objects to overtime	Pensioned
Unpleasant working conditions	Dies
Unsettled grievances	Superannuated
Job too hard	
Too much to learn	
Too much responsibility	
No security	
No future	
No job satisfaction	
Dislikes supervisor	
Dislikes employees	
Unbecoming conduct	
Insubordinate	
Disregards rules	
Does not respond to discipline	
Antisocial	
Troublemaker	
Dishonest	
Lazy	
Excessive absenteeism	
Unable to learn	
Unreliable	
Poor quality work	
Performance slow	
Age	
Emotionally unsuited	
Physically unfit	
Dangerous to others	
Dislikes hospital environment	

The above classification criteria, supported by findings from terminal interviews, were applied to the turnover experience of the 2 previous years at St. Vincent's Hospital. The results suggest that the hard core of *unavoidable* turnover in hospitals is about 20 to 25 percent.

The same approach was applied informally

by an administrative intern at Johns Hopkins Hospital. Using the above classification, he reported a similar finding, namely, that of a total of 406 separations, 291 were avoidable (71 percent) and 115 were unavoidable (29 percent). Of the 20 New York City hospitals surveyed, only one-third gave an estimate of the average *avoidable* turnover in their hospital. Their estimates ranged from 24 percent to 33 percent with a mean estimate of 27 percent. Considering these results, it seems that hospitals generally should be able to aim at reducing about half of the present 60 percent average turnover.

The usual method of ascertaining the reasons for turnover is by evaluating the separation forms sent by supervisors and department heads to the Personnel Department. To substantiate the validity of the reasons employees cite for terminating their employment, St. Vincent's Hospital initiated the use of terminal interviews, post-terminal mail questionnaires, and telephone interviews.

TERMINAL INTERVIEWS

During the initial year of the research project, terminal interviews were conducted on a sample of 54 separating employees by the personnel director, his assistant, and a psychologist. The following year, 30 supervisors selected from 4 departments with high turnover were instructed in interviewing techniques by the personnel director. Thus, it was planned to conduct terminal interviews with all employees as they left the four departments. However, interviews by an employee's *own* supervisor proved impracticable immediately, because of the employee's reluctance to discuss freely his dissatisfactions with a person on whom he is dependent for future job references and who may have been a contributing factor in his reason for leaving. Hence, it was decided that supervisors would conduct interviews with employees other than their own. After some 20 interviews had been conducted, the procedure was discontinued because of the inconvenience of scheduling and the difficulties faced by supervisors in getting employees to talk frankly with them about work conditions and tensions with other employees or supervisors. The remainder of the interviews throughout the research project were therefore conducted by trained staff of the personnel office and a psychiatric caseworker with personnel management experience.

The first analysis of the 185 terminal interviews indicated a 69-percent agreement between the reasons for separation stated by the employee and those submitted earlier by supervisors. The following year, results showed a 90-percent agreement between terminal interview reasons and supervisors' reasons for separation.

The significant improvement in supervisors' reporting during one year can be attributed to the following direct actions by the Hospital: the personnel director distributed instructions on how to report separations; the chairman of the Analysis of Turnover Committee interpreted the analysis of causes of turnover at a supervisors' training session; and 30 supervisors in departments with the heaviest turnover were given special instruction in interviewing and methods of determining causes for turnover.

Further analysis of these terminal interviews indicated that in most instances it was too late to take significant constructive action toward the individual employee involved. To see if the termination of an employee might be avoided by talking with him earlier, a pilot study of 23 employees was made. Each employee was interviewed at the end of his 3-month probationary period and in each case constructive findings were produced or misunderstandings cleared up. Consequently, it is recommended that each employee be interviewed at the end of his probationary period and also later when requested by employee or supervisor. Such interviews would provide a valuable aid in preventing avoidable separations.

The most important findings of the terminal interview pilot study were: (1) there are a variety of contributing factors, as well as the precipitating reason for each separation, (2) employees find it difficult to recall the contributing factors and their relative influence on their separation decisions, and (3) an employee is virtually terminated psychologically when he decides to resign, and usually is beyond readjustment through transfer, promotion, or clarification of misunderstanding.

Final analysis indicated the following effective results of the selected terminal interview:

- It provides a continuous method of checking agreement between supervisor's interpretation of reason for termination and employee's reason.
- It reveals problems or difficult conditions existing in a department. The department can be encouraged or helped to eliminate or

reduce problems. Applicants can be screened more intelligently with this knowledge. The new employee can be trained more effectively to cope with the problems.

- A more intimate detailed knowledge of the workings of a department revealed in terminal interviews can increase the skill of the interviewer and improve the selection process.
- In rare cases an employee may be saved through correcting a misunderstanding or transfer to another area.
- The terminated employee almost always leaves with a better understanding of and a better feeling toward the hospital.

In another pilot study, a questionnaire was mailed to 30 employees who had been separated 1 month. The purpose was to elicit their comments regarding their hospital experience. See Appendix A, Exhibit 2a.

The response to the questionnaire was gratifying: nearly half of the 56 percent completed were filled out in detail with a wealth of reactions and suggestions, 14 percent were returned because former employees had moved without leaving forwarding addresses, and 30 percent were not returned.

A second study of 313 mailed questionnaires showed the same consistency of response.

In view of the valuable information secured at such little cost, it is recommended that the post-terminal mail questionnaire be used for all employees who can read and write. The reactions and suggestions made on the questionnaires can be summarized for reports to department heads, without identifying the respondents.

The results of two pilot studies of telephone interviews with employees after their separation proved this procedure to be a waste of effort. Only one out of ten could be reached by telephone a month after separation; of those reached, five out of six did not wish to discuss their reasons for separation over the telephone. The experience of other research workers with telephone interviews, when the information sought is of a personal nature, supports these findings. Consequently, no further experimentation with this procedure is recommended.

After the completion of the preliminary steps to classify turnover as "avoidable" and "unavoidable" and to determine reasonable, valid reasons for separation, attention was focused on another dimension of the problem of turnover.

STABILITY

Two approaches were used to determine the characteristics of stable, successful employees which differentiate them from those who are discharged and those who leave for avoidable reasons:

1. An analysis was made of the Employment Application Forms of 500 maids and porters, to determine the characteristics that statistically differentiate those who terminated in 4 months or less from those who continued at least a year. Two characteristics, age and marital status, were found to be significant. Employees between 30 and 40 years of age with home responsibilities were among the more stable. (For details see section on Recruitment and Selection.)

2. Interviews were held with 27 maids and porters, based on a Motivational Data Form, to determine the factors common to those employees whose employment continued for more than 2 years. The findings thus uncovered have been incorporated into an experimental weighted application form for maids and porters, and a profile of a successful maid or porter now is used as a guide in recruitment and selection. (For details see section on Recruitment and Selection.)

The St. Vincent's group recommends these approaches as a method of reducing turnover in "trouble jobs."

These various explorations also succeeded in establishing the following criteria as measures for evaluating the effectiveness of a hospital's employee selection process: (1) the employee's record of resignation, discharge, or continuation through the probation period; (2) his supervisor's performance evaluation; and (3) the employee's self-evaluation at the end of the probationary period. By these methods, St. Vincent's Hospital maintains a periodic evaluation of its employee selection procedures.

COSTS OF TURNOVER

There remained to be studied the factor of the cost of personnel turnover. In exploring this subject, St. Vincent's staff found that the various studies reporting estimated cost per turnover ranged from a low of $150 to a figure representing 500 times the hourly rate and higher.

In a recent survey to determine costs of replacing employees, conducted by F. J. Gaudet and published by the American Management As-

sociation,[4] cost items included: separation, replacement, recruitment, selection, orientation, training to the level of satisfactory performance, extra supervisory costs, and the portions of wages paid initially before satisfactory performance justifies the full wages. In industry lower production measurements, waste, and inefficient use of production machinery are also considered.

Not reported, but equally important to hospitals, are the *indirect* costs. While the extra costs of overtime to relieve a work unit during the period between a separation and replacement (0 to 100 days, with a mean of 8 days at St. Vincent's Hospital) can be reported, the *hidden* costs of burdening other employees with extra work which has to be completed by the unit is even higher. In attitude surveys and terminal interviews at St. Vincent's, complaints of overwork and understaffing were frequently cited by employees in units with large turnover.

Another factor of hidden cost is employee morale. Two hospital-wide morale surveys revealed that employees at St. Vincent's did not feel secure about the permanency of their jobs despite the fact that their work was satisfactory and despite the reality that the hospital does not have seasonal layoffs nor technological unemployment.

Interestingly, St. Vincent's found other hidden costs, namely, the costs resulting from absenteeism and days lost because of accidents. Both these items showed a high correlation with the turnover rate in units with high turnover.

On the other hand, the stability of employees represents a saving. The experience, familiarity with past errors and progress, and the loyalty of most senior employees, are an invaluable asset in a hospital where flexibility in services and emergencies are accepted as normal operating expectancies.

Perhaps the greatest hidden cost of turnover in hospitals is its effect on the role of supervisors. It was found that in departments with heavy turnover, supervisors are required to conduct continuous orientation and training programs because of the heavy flow of separations and accessions. Furthermore, because of the need to get the work done the supervisors "fill-in," performing a variety of tasks at a level far below that which effectively utilizes the skills, talents, and pay rates of a supervisor. This problem of the effective utilization of supervisors was also analyzed and attacked at St. Vincent's Hospital as logically sequential to the reduction of turnover. (See chapters on Role of the Supervisor, Personnel Training, and Management Development.) Taking these many factors into consideration, St. Vincent's Hospital experimented with several methods of computing the cost of turnover. Finally adopted was the approach reported in 1955 by a research team at the University of Minnesota Program in Hospital Administration.[5] These researchers defined direct costs of turnover as the salary value of all time spent by an outgoing employee, his successor, and other personnel involved in the various phases of the turnover process, plus the actual cost of supplies and services utilized.

The above time-cost analysis, applied to a small hospital, resulted in an annual turnover cost equal to 3.3 percent of the basic payroll, *exclusive* of administrative and medical specialists' salaries. Calculated for each turnover, the cost to the hospital was $125 every time an employee resigned. The data cited were for 1950. Applied at St. Vincent's Hospital, the above formula yielded approximately the same relative cost per turnover. However, in the interval from 1950 to 1959 payroll costs and the cost of physical examinations of employees had increased. Adjustments for these increases were made and the costs by departments were determined and equated to the 1959 comparable costs at St. Vincent's Hospital. (See Appendix A, Exhibit 3a.)

Thus, taking the increased costs into account St. Vincent's Hospital considers that a rounded estimate of $300 seems reasonable as the direct average personnel cost for separating and replacing an employee.

Applying the average of $300 as the direct cost of turnover, the reduction of 150 separations from 1958 to 1959 equals a direct savings of about $45,000. This is equivalent to the annual income on a contribution to the hospital of more than a million dollars!

The direct cost of turnover at St. Vincent's Hospital was estimated at $258,000 in 1958 and $213,000 in 1959. Since about half the turnover is considered avoidable, then half of the turnover costs are *needless*, namely, $129,000 in 1958 and about $106,000 in 1959.

Similarly, with a 60-percent turnover among the 1,800,000 employees in all U.S. hospitals in 1963, the annual *direct* costs can be esti-

[4] *Labor Turnover: Calculations and Costs.* (See item 26 in Selected Bibliography.)

[5] Sturdavant, M., et al., "A Study of Turnover and Its Costs." (See item 33 in Selected Bibliography.)

d to be $324 million. If we accept the esti- that about half of the separations are avoid- then U.S. hospitals could save $162 million ır by successfully attacking avoidable turn-

Reducing Avoidable Turnover

At St. Vincent's Hospital, four depart- —accounting, laboratory, housekeeping, and ion—were selected for special study because igh turnover rate in some of their positions. were defined as "turnover trouble jobs," i.e., *articular* jobs from among those with the job title, which have a high turnover rate. ample: among the jobs classified as "porter," two particular jobs may show an excessive ver.

To isolate "turnover trouble jobs," a Job rization Requisition Card was used to ob- formation on the succession and duration of yment of incumbents in each position. In lepartments, records were available to pro- ıe necessary past history of incumbencies; ers, reliance had to be placed on the super- memories. Current turnover is being re- as it occurs.

The committee decided that more than one n a year on the Job Authorization Requisi- ırd should serve as a signal to the Personnel or to alert those responsible for corrective

To analyze the "turnover trouble jobs" in ır departments, all data about these jobs udied: specifications, the applications and ces of employees who filled the jobs, resig- or discharge slips, terminal interview data, a job history on the Job Authorization tion Card. These data were brought to- and studied by the committee.

NGS AND CORRECTIVE ACTIONS

The following are examples of some of their and recommended actions:

rtment, in four learn" after a tion tests were es-

positions showed hnologist position

showing six replacements in 1 year. One of the problems uncovered was that, though the work week has been 37 hours, apparently some employees thought they were working longer because of the 6-day schedule, and believed they were not being paid for this "extra" work. Also, the need for the number of laboratory technicians scheduled for weekend duty was questioned.

The laboratory was urged to conform with the 5-day work week and to compensate employees for extra days worked. A further study of the causes of turnover was recommended.

• In the Housekeeping Department, highest turnover was among maids and porters in five building areas.

The work in one "trouble" job was not satisfying to any incumbent.

Porters employed on another floor had their work routines upset frequently by the requirements for patient care. Another complaint involved their being called frequently to fill porter vacancies on other floors.

Two bath maids worked in both male and female bathrooms, which proved to be a difficult assignment.

As a first step, the work of one porter was combined with that of other porters by extending their work hours. This solution gave the porters the extra compensation they deserved and eliminated the "trouble" job which by itself satisfied no one. In addition, consideration was given to a "flying squad," with special status, to do odd jobs for which regular porters were called off their assigned tasks. Problem jobs were then analyzed to determine which could better be done by maids and which by porters. "Troublesome" jobs were reanalyzed to determine whether two men at 40 hours per week with greater "take home" pay could do the work of three men at 35 hours each. This latter suggestion was implemented with satisfactory results.

• In the Nutrition Department, some difficulty in the pantry-aide positions was due to the heavy pressure of work which resulted in the assignment of personnel to duty without instruction. In certain lower job categories in the main kitchen, duties were variable and personnel were directed by more than one person. To remedy this problem, the authority and responsibilities of supervisors were clearly defined and a dietitian was assigned the responsibility of training the aides.

RESULTS ACHIEVED

As a result of the remedial actions, the following departmental *reductions* of turnover were achieved by 1959: laboratory—0.5 percent; housekeeping—6.8 percent; accounting—15 percent; and nutrition—41.6 percent. This latter exceeded the hospital's 16-percent *reduction* of turnover during the same period of time.

The measures applied in the nutrition department bear reporting in detail as a pilot demonstration of effective ways of reducing turnover.

A dietitian, a member of the Analysis of Turnover Committee, and the department head outlined a plan of action and initiated the following remedies:

1. The responsibility for training all new pantry maids was assigned to one dietitian.
2. A pantry workers' manual was prepared.
3. Better work schedules were prepared and thoroughly explained to employees.
4. All pantry maids were assigned to specific work areas, except relief pantry maids.
5. A small group of pantry maids was assigned to a pantry under the supervision of a therapeutic dietitian. The supervisor was responsible for (a) communicating policy and job information; (b) teaching new procedures and other necessary retraining; and (c) handling grievances, suggestions, and problems in upward communication.
6. More careful screening of applicants began after job specifications were refined and causes of previous turnover were analyzed.
7. Hiring became the responsibility of the supervisor who would be directly responsible for the employees.
8. Departmental discussions have led to fair, thorough, documented performance evaluations which are carefully interpreted to employees in private, constructive, coaching sessions.

Thus, turnover was reduced from 77.1 percent to 35.5 percent in 1959. In addition, as expected there has been a marked improvement in the morale in this department, a decrease in absenteeism, and an increase in the reporting of accidents with a decrease in days lost because of accidents from 66 days in 1958 to 5 days in 1959. These latter are attributed to improved training and supervision.

SUMMARY

IN SUMMARY, this portion of the research project has documented some of the preliminary steps undertaken by St. Vincent's Hospital which reduced its overall turnover by 16 percent in one year. At the end of 1963, turnover had been reduced by 36.3 percent down to a 25.5 percent turnover rate. For a summary of turnover rate changes see Appendix A, Exhibit 4a.

Since the reduction of avoidable turnover was a basic goal for all the research committees, the attack on the problem was being conducted simultaneously in all aspects of personnel procedures and policies: wage and salary, performance evaluation, recruitment, selection, supervisory training and development, communications, and pilot studies in highest turnover jobs.

Consequently, the relative effects of each of these approaches on the reduction of turnover and the measured improvement in morale cannot be determined. The members and technical director of each project committee believe that their efforts contributed in some measure to the overall improvement trend. This view is well illustrated in the remarks of the Director of the Nutrition Department, who, in evaluating the pilot demonstration, stated:

"The whole Personnel Research Project contributed to the results achieved by focusing attention on employees as well as on patients. This focus on recognition of workers and supervisors has supplied a strong personal incentive, augmenting the tangible incentive of the new wage and salary schedule."

To determine the degree to which each attack on the turnover problem was effective would require a controlled experiment with a group of representative hospitals participating, each concentrating on only one approach while holding constant other aspects of personnel procedures. Nevertheless, from the experiences at St. Vincent's Hospital with respect to the analysis-of-turnover phase of the Personnel Research Project, a number of items have been demonstrated for the benefit of interested hospitals. Among these are:

- A practical formula for computing hospital turnover.

- A set of criteria for the determination of inclusions or exclusions of jobs in turnover statistics.
- The methods of analyzing turnover with respect to departments, job titles, and particular jobs.
- A set of criteria for the classification of turnover as avoidable and unavoidable.
- An evaluation of the effectiveness of different methods in determining the causes of turnover.
- A set of criteria for evaluating the effectiveness of employee selection.
- The application of a procedure for computing the cost of turnover.
- An experiment with remedial actions in the effective reduction of turnover in several departments.

CONCLUSIONS

From the foregoing it can be concluded that:

- Avoidable turnover can be reduced significantly by direct action following a careful search of causes and an analysis of trends.
- There appears to be a hard core of 20 to 25 percent *unavoidable* turnover in hospitals, which sets a realistic target for all hospital programs aimed at the reduction of turnover.
- There are many unanswered questions which require further research.

RECOMMENDATIONS

All in all, the staff of St. Vincents' Hospital recommends the method used to analyze and solve the personnel turnover as one that can be tailored to fit the needs of other institutions with similar problems. Specific recommendations include:

- The preparation of a monthly report and analysis of turnover, which are shared with all department heads and supervisors.
- Analysis of turnover in terms of department, job categories, particular jobs, and length of service to give meaning to the stability rate.
- Classification of turnover as avoidable and unavoidable based on suggested criteria.
- A determination of causes of turnover by means of post-terminal mail questionnaires and interviews of employees upon completion of the probationary period and as indicated thereafter.
- The education of supervisors regarding the scope of the turnover problem, methods of determining the causes of turnover, and methods of reducing turnover.
- Studies of jobs with high turnover to arrive at characteristics which distinguish the stable, successful employee.
- Computations of the cost of turnover, with quarterly and annual reports distributed to each supervisor indicating turnover, turnover rates, and direct costs, classified according to all turnover, avoidable turnover, the entire hospital, and each department.
- The development and implementation of a plan of action based on the findings revealed in the analysis.

St. Vincent's Hospital further recommends the development of a nationwide reporting method so that area and national turnover statistics will be available regarding hospitals.

Chapter III

The Wage and Salary Program

THE PERSONNEL RESEARCH COUNCIL decided at the outset of the project to concentrate its efforts on turnover, recruitment, selection, training, supervision, and wage and salary administration. As the entire project developed, it became clear that there was an urgent need to develop a sound wage and salary program. The reasons were twofold:

First, in the face of rapidly rising costs and approaching ceilings on patient charges, hospitals were being forced to consider upward revisions of their salary schedules and decreases in weekly hours of work in order to attract and hold competent employees. In the 5-year period (1954–1958) a comparative study of selected New York City hospital positions clearly indicated this trend. (See Appendix B, Exhibit 1b.)

Second, the essential data from which the proposed project would be developed were contained in the hospital positions which, up to this point, had not been thoroughly analyzed. The task of job analysis was therefore necessary as background for the other committee projects. As a result, the Personnel Research Council devoted the major part of its time in the first year of the project to laying the foundation for a sound wage and salary program. With the completion of the job analysis project, the wage and salary program moved at a rapid pace until its completion at the end of the project.

Defining Goals, a Policy, and a Plan

The Personnel Research Council stated that its goal regarding compensation was: *the establishment of an equitable wage and salary structure for the employees of St. Vincent's Hospital.* Formal wage and salary policies were issued such as the following:

Wage and Salary Policy.—"The hospital shall offer to all its employees wages and other benefits within the limit of its economy and shall provide conditions of work that will make employment at St. Vincent's a satisfying and rewarding experience for all employees who are contributing in full measure to the purpose for which the hospital was founded—to provide the best possible care for patients."

Merit Increments.—"Merit increments over a basic salary schedule will be awarded as a result of demonstrated approved performance on the job, to encourage the best workers, to minimize feelings of non-objective preferential treatment in salary and wage advances, to reduce turnover by the best employees, to provide performance incentives for each job, and to interpret wages and salary more directly as a return for job performance."

STEPS IN ORGANIZING

Wage and salary administration by its very nature is a scientific approach to establishing an equitable compensation program. In view of this, a formal approach to the wage and salary project was developed which covered:

- Organization and responsibility for the program.
- Introduction of the project to the hospital staff—winning acceptance and eliciting participation.
- Job analysis.
- Job rating.
- Performance evaluation.
- The wage structure.

- The wage and salary program.
- Administration and control.

This approach was quite similar to that followed in the setting up of any wage and salary program. It must be understood, however, that each installation is different and, consequently, the emphasis and time spent in each area will vary to a greater or a lesser degree depending on the structure of the organization and the jobs to be studied. To implement this plan, a wage and salary committee was established and assigned the responsibility for outlining the program and following through at every step of its development.

INTRODUCTION OF THE PROGRAM TO STAFF

From the very outset of the wage and salary project, it was the earnest desire of the Personnel Research Council that each employee, supervisor, department head, and director should have an active part in the program.

Orientation training in wage and salary, which the committee realized was essential to introduce the program, was conducted by the technical director at meetings of the Hospital's Administrative Council, the Personnel Research Council, department heads, and supervisors. At these meetings, the wage and salary project was clearly outlined and an appeal for cooperation and support of the project was made to insure that all levels of management would not only be knowledgeable about the goals of the project but willing to support it.

In addition to the initial management orientation, the technical director and members of the Personnel Research Council met with the individual supervisors and employees. The purpose of these meetings was to explain the reason for the program, to allay any fears that might exist, particularly about the possible loss of jobs, and to request their participation in the first phase of the wage and salary project: specifically, to outline their own jobs.

JOB ANALYSIS

The very heart of the wage and salary program and the phase in which every employee in the hospital participated was that of job analysis. This step in the development of the wage and salary program was not only the most difficult, but by far the most important since the whole program was to be built on the data obtained.

Job analyses vary from one hospital program to another depending on two major factors:

1. The use to which the material obtained in the analysis will be put.
2. The type of rating plan (ranking, classification, point rating, factor comparison) which is to be used.

The job analysis project at St. Vincent's was recognized as useful in the following areas:

- Development of organization charts.
- Recruitment and selection of employees.
- Orientation.
- Promotion and transfer of employees.
- Training.
- Job classification (including consistent job titles across departmental lines).
- Supervision.
- Performance evaluation.
- Turnover.
- Classification of job duties; responsibilities and organizational relationships.

After a review of the various methods of job rating, it was decided to use the Point Rating Plan, a detailed system of rating which can only be used after a comprehensive job analysis has been made. Both the proposed uses of the job analysis and the rating plan demanded an intensive analysis and accurate presentation of the job duties, responsibilities, and required job skills.

Methodology

The following method was used to obtain the duties, responsibilities, and skills required for each hospital position:

- Each employee, after instructions and with the help of his supervisor, filled out a job description questionnaire (see Appendix B, Exhibit 2b). This method had the prime benefit of affording each employee the opportunity of actively participating in the project from the outset. In addition, it provided the information required from the people who were actually performing the work to be analyzed.
- Each completed job questionnaire was then forwarded to the technical director of the Council. Guided by the United States Employment Service publication,[1] job descriptions were prepared for each job classification based upon the information set forth in the job questionnaire.

[1] *Job Descriptions and Organizational Analysis for Hospitals and Related Health Services.* (See item 72 in Selected Bibliography.)

• Each draft of the job description was reviewed, revised, and corrected by department heads and supervisors. They were then submitted to the wage and salary committee, where, in conference with the respective department heads, a final draft of each job description was made. In this manner, 283 job classifications were developed.

• Job specifications were prepared simultaneously with job descriptions. The same procedure as outlined above for writing job descriptions was followed for preparing specifications.

Time Expended

As indicated above, the job analysis phase of the wage and salary program, including job analysis itself and preparation of job descriptions and job specifications for each job classification, consumed the major portion of the Personnel Research Council's time during the first year of the project. The reasons for this were:

• The use of the job questionnaire method required sifting through over 1,400 questionnaires to extract job data and set up job classifications. Although this method afforded each employee an opportunity to participate in the project and minimized the possibility of the committee's obtaining generalized information, it was extremely time-consuming.

• Employees and supervisors delayed returning questionnaires. This was to be expected, as the ultimate use to which the questionnaires were to be put was known by all and supervisors and employees feared a possible loss in status.

• Extensive rechecking by the Research Council with the department heads and supervisors for clarification and specific, related job information was required. Job analysis was a new venture; consequently the committee for the most part was dealing with a group of people who were not trained job analysts. As a result, the absolute necessity for conciseness, lucid data presentation, proper usage of quantitative and specific terms, accurate designation of authority and responsibility, avoidance of exaggerated statements, and the like, was not fully grasped.

Each step of the job analysis required repeated training in the techniques involved. As the program progressed, the committee received meaningful job data, better reorganization of jobs, and clarification of supervisory authority and responsibility. The final draft of the job description for each job classification was set up on a standard job description form. (See Appendix B, Exhibit 3b.)

Job specifications covering such items as sequences for promotion, hours of work, special equipment, recruiting sources, and related data were entered on a standard form. (See Appendix B, Exhibit 4b.) Skills, effort and working conditions included as a final section of the job description were the essential parts of the job specification.

While the job analysis was in progress, the rating plan for evaluating the jobs was being completed. By the time the job analysis was completed, the rating plan had been set up in pilot form and the next stage of the wage and salary project took place.

JOB RATING

The committee had decided early in the program to use a single rather than a multiple system of rating jobs. This meant that all job categories would be included under one plan. The Point System was selected as the one which would most effectively accomplish the task of obtaining valid relative job values. This system is a highly analytical method of job rating—it involves breaking each job into separate parts or factors. It forces those charged with job rating to perform a thorough evaluation of each job by factor rather than a superficial overall evaluation of the whole job as in the Rating System.

Point-Factor Scale

After a detailed study of factors of various point systems had been made, the following factors were selected as representative and applicable to the jobs in St. Vincent's:

SKILL:
- Education
- Experience
- Initiative
- Analytical ability
- Resourcefulness

EFFORT (Work demand):
- Physical and mental requirements

RESPONSIBILITY:
- Equipment and material
- Administrative duties
- Patient care
  - Direct
  - Indirect
- Safety

MISCELLANEOUS:
- Training coordination
- Consultative service
- Working conditions
- Public relations
- Research
- Community representation
- Interdepartmental relations

Each factor and subfactor was weighted and a uniform number of factor degrees was set up and weighted. The point-factor scale was established.

As a test, the point-factor scale was applied to all positions in the nursing department. This department was chosen because it provided a cross section of representative job categories, ranging from the low-skilled nurses' aide through clerks to the highest level professional and administrative positions.

The first test indicated that the original point-factor scale did *not* provide accurate relative ratings. A second revision (see Appendix B, Exhibit 5b) yielded results which were realistic and consistent with the committee's and department heads' *ranking* of these positions on the basis of importance, difficulty, and responsibility.

Using the *revised* point-factor scale, the committee allocated points to each of the remaining job classifications. The results were entered on a control chart set up for each job classification (see Appendix B, Exhibit 6b). The initial allocation of points was completed in 3½ months. Rating was done by department rather than by job category. A numerical point-factor value was assigned to each job which ranged from the lowest job with 69 points to the highest with 398 points.

To test the validity of the point system, all of the positions were ranked according to their numerical point-factor ratings. Based on an overall appraisal of relative position values as assigned after job analysis and factor analysis, it became clear that, while the point allocation was realistic and valid on a departmental basis, the overall allocation across departmental lines did not provide valid results.

To confirm this finding, the committee decided to extract all the clerical positions from the overall point allocation and prove conclusively that the point-factor system, *as used here*, (single vs. multiple system) was not valid. A *single* point system is one which covers all categories of jobs; whereas, a *multiple* system is one in which the jobs are placed in categories (e.g., service and maintenance, clerical, technical, supervisory, and professional) and are rated in subcategories or against distinct point systems.

The results of this comparative study of the relative difficulty of the jobs—based on their point rank, salary rank, and job difficulty—clearly indicated that there was no agreement among the different systems of ranking. The point rank and salary rank were invalid when compared with the results obtained by the ranking method based on an objective appraisal of the degree of job difficulty.

Standardization of Job Titles

A special project was next conducted on clerical positions to consolidate the titles for all (83) office positions. The jobs were grouped under five major headings. Specific comprehensive job titles were listed under each grouping, as follows:

Classifications of Nonsupervisory Office Positions

1. Clerical Group
   a. Messenger
   b. File Clerk
2. Front Office Group
   a. Receptionist
   b. Information Clerk
   c. Telephone Operator
   d. Admitting Officer
3. Typist Group
   a. Junior Typist
   b. Senior Typist
   c. Dictating Machine Transcriber
4. Office Machine Operator Group
   a. Bookkeeping Machine Operator
   b. Calculating Machine Operator
   c. Tabulating Machine Operator
   d. Varitypist
5. Secretarial Group
   a. Stenographer
   b. Secretary, nonmedical
   c. Medical Secretary
   d. Executive Secretary

The result was a standardization of job titles, along with the preparation of revised job descriptions covering the jobs consolidated. This was accomplished by supplementing the information obtained from the original overall job analysis with descriptions for comparable jobs prepared by the National Conference Board,[2] the New York Civil Service Commission,[3] and the U.S. Department of Labor.[4]

[2] "Clerical Salaries in 18 Cities." (See item 62 in Selected Bibliography.)

[3] January 1958 Salary Schedule, New York. (See item 63 in Selected Bibliography.)

[4] Job Descriptions and Organizational Analysis for Hospitals and Related Health Services. (See item 72 in Selected Bibliography.)

The study was aimed at the difficulty of comparing positions with a wide range of different job titles but with similar duties. On the whole, the study was worthwhile, but it was still difficult to compress different jobs with different titles into prescribed *standard job descriptions* on forms set up for each classification.

The Ranking System

A direct result of the clerical study was that a revised method of grading jobs (i.e., the ranking system) was initiated in the hospital. Because the results obtained by the ranking method in evaluating clerical jobs were valid, this same method was applied to all other positions in the hospital. The disadvantage of using a nonquantitative method of rating which normally lacks substantiating data to defend the rating was minimized since each of the raters on the committee had a thorough knowledge of each position, gained through training and experience in doing job analysis.

To use the ranking process, each committee member was trained in the techniques of Paired Comparison, Index Card, and Matrix Comparison. Ranking was done by taking each department separately. Afterwards, these individual departmental rankings were combined into one ranking table using the grade description method. Under this method, the key jobs representing distinct job-difficulty levels were selected and used as standards of value against which the remaining jobs were rated.

After the clerical evaluation had been completed, all the positions in the hospital were cross-evaluated a second time using the grade description method. Using this approach, jobs were carefully selected from each grade and were used as standards of value against which all other positions were compared. This step provided an additional critical attempt to ensure the validity of the ratings.

Establishment of Labor Grades

Labor grades were established on the basis of relative job difficulty. Jobs of comparable value were assigned to the same grade. All jobs in the same grade, however, were not necessarily identical in job value but were comparable when scientifically evaluated. For example, Grade I jobs might include: porter, maid, and nurses' aide, which are not identical in degree of job difficulty but are at a comparable level for purposes of wage determination. Eleven labor grades were established, and all hospital jobs were slotted into these grades using the aforementioned technique.

The Wage Structure

The job ranking process had provided the hospital with a reasonably accurate qualitative measure of the relative difficulty of each job classification. The next step was to translate this measurement into a quantitative standard which would show how much more valuable one job was over another.

CRITERIA

The hospital set up the following criteria as guidelines in establishing wage levels:

- Wages should be equal to, if not better than, wages paid for comparable jobs in the hospital field.
- Wages should relate favorably to those offered by agencies and institutions outside the hospital field that employ people in jobs comparable to those in the hospital.
- Wage levels should not only be a means of attracting good employees but should also serve to help retain employees.
- The only limiting factor in the wage structure would be the ability of the hospital to pay (financial position), but even here every effort would be made to provide adequate funds to support an equitable wage structure.

THE WAGE SURVEY

An analysis of current rates of pay in the hospital indicated that, while there were pay differentials based on relative job difficulty, the turnover rate was high and the ability of the hospital to attract and hold employees was becoming increasingly more difficult. While the hospital recognized that wages were not the sole criteria for solution to these and other related problems, wages were considered to be a possible cause especially when wage levels were out of line with prevailing wage rates. To determine the competitive pay position of the hospital, as well as the correct pay differentials, a series of wage surveys was conducted.

The hospital participated in extensive wage surveys conducted by the Greater New York Hos-

pital Association and the Bureau of Labor Statistics. As the results of these surveys, covering key hospital jobs, were available, the hospital put them to immediate use. In addition to these two surveys, comparative wage data were obtained from the National Industrial Conference Board, the New York City Civil Service Commission, the Veterans Administration, The Hotel Association of New York City, and New York City employment agencies and professional associations. In many instances, job descriptions were appended to the surveys and this enabled the committee to determine job comparability to some extent.

Selection of Key Jobs

The committee realized that it would be physically impossible to survey wages paid for all job classifications. Consequently, a list of selected key jobs was set up on the basis of the following criteria:

- Jobs which were well known both in the hospital field and in industry.
- Jobs for which comparable job descriptions were available to insure a valid basis for rate comparison.
- Jobs which for the most part contained a large number of incumbents.
- Jobs which could ultimately serve as valid reference points to which the relative job values of the remaining hospital jobs could be related in terms of proportionate wages.

The following jobs were considered key jobs:

Domestic and Maintenance	*Clerical*
Porter	Accounting Clerk
Maid	Cashier
Nurses' Aide	Clerk-General
Press Operator (Laundry)	Clerk-Typist
Kitchen Helper	Clerk-Typist (Medical)
Laundry Worker	Ediphone Operator
Washer (Laundry)	Medical Secretary
Mechanic	Secretary
Electrician	Switchboard Operator
Stationary Engineer	Ward Clerk
Head Cook	Payroll Clerk
Elevator Operator	Stenographer
Painter	

Technical and Professional	
X-Ray Technician	Staff Nurse
Medical Technologist	Head Nurse
Dietitian (BS)	Instructor (Nursing)
Physical Therapist	Supervisor (Nursing)
Social Caseworker	

Comparative wages on supervisory jobs other than that of nursing supervisor were not reflected in the wage survey; a direct wage comparison was not possible. The setting of wage levels for supervisory groups would depend on an internal conversion of job values to wages based on the following criteria:

- The supervisor was to be paid wages on a level at least one salary grade higher than the highest paid job classification under his supervision.
- The scope of the supervisor's job in terms of the size of physical work area, number and type of jobs supervised, and the extent of authority and responsibility were to be determining factors in setting wage levels.

Results of the Wage Survey

General Service and Maintenance Jobs.—A portion of the wage data obtained for some of the key positions surveyed is attached in Appendix B, Exhibit 10b. St. Vincent's rates of pay when compared with rates from a Greater New York Hospital survey were above the average; the only exception was the Stationary Engineer. The overall average New York City wage level indicated in the study by the Bureau of Labor Statistics was above that of St. Vincent's. This was due to the fact that governmental hospital rates were reflected in the study. The salary levels offered by the Civil Service Commission of New York City and the Hotel Association of New York City were considerably higher. In general, the wages shown in the surveys were based on a 40-hour week.

Portions of the findings of the wage survey of some key service maintenance and clerical jobs are shown in Appendix B, Exhibits 11b and 12b.

Clerical Positions.—The average clerical work week at St. Vincent's was 35 hours; therefore, extreme care had to be taken in comparing weekly rates of pay, since the work week in other hospitals and agencies surveyed was 40 hours. While the minimum wages paid for jobs in St. Vincent's appeared better than the general hospital average, they were in fact much higher when figured for a 40-hour week.

When compared with the New York Civil Service survey and the studies by the Hotel Association of New York City and the National Industrial Conference Boards, the clerical wages of St. Vincent's Hospital were woefully below aver-

age. Comparable job descriptions insured accurate and valid wage comparisons for clerical as well as other job categories.

Technical and Professional Jobs.—A portion of the wage survey results for technical and professional jobs is shown in Appendix B, Exhibit 13b. Here again, the basic work week required close scrutiny. As indicated in the exhibit, the hours varied from 35 to 40 and appropriate conversions had to be made to insure valid comparisons. An analysis of wages paid in the technical and clerical area indicated the following:

1. In relation to the hospitals surveyed by the Greater New York Hospital Association, wages offered by St. Vincent's for comparable technical and professional jobs were generally higher. Professional nursing jobs were not included in the Greater New York Hospital Association survey.

2. The study by the Bureau of Labor Statistics indicated that for the positions of X-ray technician, medical technologist, social caseworker, staff nurse, and head nurse, St. Vincent's rates of pay were comparable. Rates of pay for the positions of physical therapist, instructor, and nursing supervisor were low when compared with other hospitals.

3. The New York Civil Service indicated that the wages paid for the positions of medical technologist, staff nurse, head nurse, and nursing supervisor would require close scrutiny.

In addition to studying the published wage surveys referred to above, the committee conducted private surveys of its own. The surveys included positions in the published surveys in addition to many other positions such as EKG technician, custodian, ambulance driver, etc. Extensive internal tabulations and analyses were then performed to arrive at a rate-trend line. Weighted averages and median rates were used as the basis for establishing correct average wages.

BUILDING THE RATE STRUCTURE

The labor grades had been set up with key jobs from each grade. Average prevailing wages were determined for these jobs. The first step in setting up the hospital pay scale was finished. The hospital now had a completed single-rate structure.

Early in the wage and salary project, the hospital had decided to compensate its employees on the basis of demonstrated performance and to give due consideration to the individual employee's length of service. The following features were incorporated into the final rate structure:

Minimum Rate: The hospital established a minimum rate of $1.20 an hour for the lowest-ranked group of jobs.

Differential: The minimum rates of the rate structure were increased by 15 percent.

Range Dimensions: The spread from minimum to maximum of each rate range (grade) was approximately 33 percent. The lower grades were afforded a higher percentage spread than the upper grades.

Progression within the Rate Range: An automatic merit progression was set up within each rate range covering seven steps over a 5-year period:

Time period	*Type of raise*	*Performance required*
90 days (nonprofessional/nonsupervisory). and	Automatic	Average
6 months (professional/supervisory).	Automatic	Average
1 year	Automatic	Average
2 years	Merit	Above average
3 years	Merit	Above average
4 years	Merit	Above average
5 years	Merit	Outstanding

Amount of Increases Within the Range: A fixed weekly amount rather than a fixed percentage was the determinant for each increase within the range. This amount was computed by dividing the total increase from minimum to maximum into six steps.

Use of the Average Going Rate in Each Grade: An average rate for each labor grade was determined by averaging out the various going rates for each key job in each grade. The resultant average rate was used as the midpoint from which each rate range was developed following, of course, the decisions already made on such matters as differentials and range spread. In each case, the average rate was rounded out to fit the percentage determined for each rate range. This procedure was based on the already accepted theory that the average going rate should be at or near the middle of the range preceded by the hiring and probationary rates and followed by progressive steps over the average for above average and outstanding performance.

ADJUSTMENT OF INDIVIDUAL RATES

Each job classification in the hospital was now graded and a rate range set up for each grade. The next step involved slotting the rates of all employees into the new pay structure on the basis of length of service and performance evaluation.

The hospital set up the following criteria for individual rate adjustments:

1. The rates of all employees employed 90 days, 6 months, and 1 year would be adjusted to the equivalent time levels in the new pay structure based on their respective grades.

2. The rates of all employees who had 2 years or more of service would be adjusted on the basis of their performance evaluation.

3. The adjustment period would cover 6 months (June 1959–December 1959) in order to ease the burden of the tremendous payroll expense incurred.

The individual rates of each employee were obtained from the Payroll Department and entered on a control card which indicated his or her labor grade, length of service, performance rating, and similar information. The chairman of the Wage and Salary Committee and the technical director then met with each department head and the employee's supervisor and adjusted the individual rates into the new pay scale in accordance with the criteria outlined above.

Administration and Control

The administration and control of the wage and salary program was assigned to the Wage and Salary Committee in joint cooperation with the Personnel Department. The committee assumed direct responsibility for the following:

- Recommendation and execution of policies and procedures for the hospital wage and salary program, referring those requiring administrative approval to the Administrative Council.
- Periodically reviewing all hospital job descriptions and job specifications to insure equitable grading, ongoing evaluation of criteria, and standards for all job grades.
- Evaluation, classification, and grading of all newly created positions.
- Expediting all individual job review requests.
- Conducting special wage and salary studies and analyses to insure competitive pay scales.
- Maintaining communication with all levels of hospital management on all wage and salary matters.

A detailed system of departmental manning tables (staffing schedules) was set up to provide the committee with a ready reference to every job classification and employee in the hospital. The manning tables contain a systematic listing of each job number, job title, grade, hours of work, and the name of each job incumbent. The manning tables provided an excellent source for insuring complete job coverage, personnel and job inventories, comparative period-to-period manpower studies, plus many other uses.

A job description file was set up containing folders for every job classification and individual employee. A system of job authorization control cards was also established to insure that every job was duly authorized. (See Appendix B, Exhibit 14b.) A wage control card was then set up for each employee. These cards indicate wage data and job classification data (present job, history of promotion, and similar information).

The responsibility for maintaining the wage and salary program on a day-to-day basis and for keeping the manning tables current was assigned to the Wage and Salary Technician.

Performance Evaluation

A sound job evaluation program coupled with an equitable rate structure is a good base for employee compensation, but it cannot provide for recognition of *individual* job performance. In view of this, St. Vincent's decided to combine the wage and salary program with a formal performance evaluation program. The goal of the committee was to incorporate into the overall wage and salary program a means of equating employee job performance with monetary compensation.

As the initial step of this program, a thorough research study was made of all previous literature and work in performance evaluation. This represented an attempt to arrive at a system which could be utilized effectively in the hospital. The following conclusions were obtained from this research:

- A successful plan must be geared to the specific needs of the hospital.
- In view of the diverse cross section of domestic, clerical, technical, and professional per-

sonnel in the hospital, a group of hospital personnel in representative key positions should develop rating factors which would be universal in applicability.

- A rating form which would reflect objective usable measures of employee performance should be developed.
- A training program should be initiated to insure that the people using the rating form were adequately prepared to do so.
- The employee should have an opportunity to express his feelings regarding his evalution.
- A control system should be established to insure complete coverage of the rating of all employees at the proper time interval.
- As the final ratings were to be used in conjunction with salary increases, a policing system in the Personnel Department should be instituted to insure compliance with the basic plan.

EXPERIMENTATION

The committee proceeded to the work at hand and, after discussion of the various techniques used in the field of performance evaluation, each member was asked to design a form and draft accompanying instructions. From these pooled suggestions a preliminary form was developed. While many types of performance evaluation systems were in use outside the hospital, the committee agreed that the graphic or adjective rating scale was the most practical for use in the hospital.

As was to be expected, *many* factors were singled out as having *specific* applicability to the evaluation of the hospital employees. The number of factors arrived at by the combined efforts of the research committee members totaled 26, quite a sizeable number. While too large a number for an efficient performance evaluation system, they nevertheless represented those which a cross section of the hospital employees chose as being significant. It was therefore agreed that the person doing the rating would not be asked to utilize every listed factor, but would select from these the five or more factors which were deemed most important in evaluating the on-the-job performance of the particular worker.

Space was provided on the original form for comments by the supervisor and the employee. (See Appendix B, Exhibit 7b.)

A pilot study of the use of the form indicated the need for some minor changes, which were instituted. Following these revisions, a conference was held for all of the hospital department heads for the purpose of introducing the merit rating program to them. Specific emphasis was placed on the form and rating procedure to be used.

The effectiveness of any merit rating program will depend in large part on the manner in which the individual evaluations are executed. Therefore, it became quite apparent that in order for this plan to succeed, specific guidelines had to be followed by all raters. The most significant of these would be:

- The employee was to be rated on the basis of his performance of the tasks outlined in his job description.
- Because the final ratings would eventually be tied in with compensation, specific emphasis was to be placed on the quality and quantity of work.
- Above all, the rater was not to dwell on personality traits when rating the worker.
- Common rating errors of central tendency (limited spread), halo effect, and leniency were to be avoided.
- Supervisors were urged to rate in an objective manner which their superiors could substantiate.
- The rating procedure was not to be a mere display of appreciation for good work done or, on the other hand, an opportunity to reprimand the employee for poor performance. Rather, it was to serve as an opportunity to offer the employee advice and counsel regarding the strengths and weaknesses in his performance. Thus, the procedure should include a conference between the rating supervisor and the rated employee.

With these thoughts in mind a second meeting of the department heads was called for the purpose of instructing them in the methods of proper performance evaluation. Department heads, in turn, were asked to instruct their supervisors in the use of the rating form and the procedures involved.

It was initially agreed that each employee would receive a 30-day, 60-day, and 6-month evaluation following his initial hiring. Future evaluations would be done on the anniversary date of employment.

At this point, the Personnel Department was given full responsibility for seeing that evaluation forms were sent out to supervisors at the time when their employees were due to have their probationary evaluation or merit rating.

Thus far, the program was experimental. A specific wage structure had not as yet been set up, and consequently the performance evaluation program could not at this point be tied in directly with the assignment of wage rates or wage levels. Because of this, a considerable amount of extra enthusiasm was needed from the supervisor and the employee before the full program was implemented. It was decided to extend this experimental period over a period of 1 year.

A WORKABLE SYSTEM

At the end of the first year, a detailed study was made of the entire program including an employee survey. (See Appendix B, Exhibit 8b.) The following significant facts were noted:

- In too many cases, supervisors did not perform the ratings along with the department heads.
- The frequency of use of the 26 factors indicated that, of all the factors, the following were utilized most extensively and were in the main the crucial elements in the appraisal of employees at St. Vincent's Hospital:

  Quality of work
  Quantity of work
  Knowledge of job
  Cooperation
  Dependability
  Initiative
  Appearance

- A survey of employees indicated that only 53 percent had had a rating conference with the rating supervisor.
- Supervisors exercised a good degree of discrimination in their ratings and the "halo" effect which usually crops up in many systems did not appear to any great degree. The "halo" effect in rating is a tendency to rate an individual high on all traits if he is rated high on one trait, whether or not the rating is justified. The "halo" effect is an occurrence frequently reported in psychological literature. It is not the result of deliberate or intentional action, but rather of subconscious factors.
- The large number of items on the rating scale posed a serious problem. Supervisors found it very difficult to discuss the nature of the scale

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ttitude of the employees as indi-

ple testing of reactions to the rating procedure was mixed. While the majority of the employees who had conferences with their supervisors reported that they were pleasant and helpful, many reported that they received no rating at all, while others did not recall the items on which they were rated.

Meetings of the supervisors for the purpose of discussing the rating form and its uses were then held. These sessions proved very beneficial and the following suggestions were submitted by this group:

a. All thought the rating form should be revised.

b. None wished a completely new form.

c. The number of factors to be considered should be reduced, especially those that did not lend themselves to rating on the scale.

d. Criticisms included: (a) several factors seemed to pertain to the individual more than to job performance; (b) there was repetition and overlapping; and (c) some characteristics were *not* essential to the job.

e. The questions should be deleted.

f. The employee should have a copy of the form so he will know how he is to be rated.

g. The form should provide space for comments from supervisors, department heads, and rated employee.

h. The 30-day probationary evaluation interval should be extended to 90 days.

i. A separate type of evaluation form should be used for rating supervisors.

Immediate steps were taken to further improve the new merit rating system. A revised Employee Performance Appraisal form was set up and reviewed in conference with supervisors and department heads. As compared to the original form it was simpler, contained a limited number of factors, and provided ample space for comments by supervisor, employee, and department head. On the reverse of the form a definition of the factors appeared along with several pertinent questions. (See Appendix B, Exhibit 9b.)

Intensive supervisory training in the techniques of merit rating was conducted over a 5-month period. These training sessions were headed by a group of supervisors who had received specialized training in the techniques of performance appraisal or merit rating. Particular emphasis was placed on the following areas:

- The period actually covered by the rating.

- Documentation of ratings by specific records.
- The ongoing nature of the performance appraisal as contrasted to a 1-day evaluation.
- Evaluation of the performance of tasks outlined in the employee's job description.
- The need for purposeful approach to the entire program so as to insure a maximum of benefits in the area of employee training through employee appraisal.
- The importance of encouraging the employee to express himself about the rating he received.

As of this writing, the merit rating or performance evaluation program as described above is still in effect at St. Vincent's Hospital. There is a direct relation between the ratings received by employees and their eligibility for raises. Each salary increase request must be accompanied by a rating form. The rating in turn must justify the proposed salary increase. The Wage and Salary Technician and the Personnel Director study each rating very carefully to insure its coincidence with the policies and procedures set up in this area.

To be effective, merit ratings must have meaning. At St. Vincent's they serve many uses aside from being a key means of substantiating a wage increase. Each employee knows that his performance is periodically judged and the basis upon which his performance is rated. When an employee receives an increase, he or she knows that the reward is for demonstrated performance.

A recent study of ratings used in St. Vincent's has indicated the need for a better across-the-board understanding of the absolute necessity for relative consistency and objectivity when rating. On the whole, however, the program is highly successful and serves as an excellent example of what can and is being done in the hospital field in the area of performance rating.

PRINCIPLES

In the present use of the revised form the following principles underlie the performance evaluation program at St. Vincent's Hospital:

- In rating employees, emphasis is on performance result, i.e., the most accurate rating possible of:

a. The *manner* (quality of work, service, and cooperation).

b. The *degree* (amount of work judged by reasonable norms).

c. *Understanding* (job knowledge).

d. *Work habits* with which he has been meeting the requirements of the job described in the job description.

- To make an accurate appraisal of the performance of the subordinate, a supervisor should acquaint himself with the employee's understanding of:

a. What is really expected of him?

b. What and how well is he doing?

c. Why is he performing as he is?

- Telling an employee about himself is not enough. Joint consideration of the appraisal should clarify the understanding of the job tasks, duties, responsibilities, and the favorable and unfavorable conditions of work—all of which contribute to performance effectiveness.
- The employee appraisal process begins with selection screening and continues throughout orientation, on-the-job training, and day-by-day supervision. The rating conference is merely a formal step in the continuous appraisal procedure. It should guarantee the employee an opportunity to understand and to question what is really expected of him, how well a supervisor thinks he is doing, and what he can do to improve as an employee. In this way the rating conference becomes a multiple evaluation of the employee, his supervisor, and the work situation. It can suggest and stimulate improvement in all three.

Performance Standards

As the committee delved into the subject of job-performance evaluation, they were challenged with the need to establish *standards* for determining job performance. A consultant firm was therefore engaged to do a preliminary survey on the feasibility of using objective performance standards in St. Vincent's Hospital. The idea of setting performance standards was not completely accepted when first presented to department heads because of their conviction that:

- Hospital work is service and not production, and hence cannot be measured quantitatively.
- Employees are subject to interruptions, diversions, and emergencies that make standards impossible.
- When patient care and services are being evaluated, the amount of work is less important than the manner, spirit, and care with which each task is performed.

The survey by the consultants showed the following observations and conclusions:

- The job performance of St. Vincent's Hospital employees compared favorably with the level of effectiveness in similar industrial and business employments.
- It is feasible to develop formal performance standards for only limited application in the hospital. Useful standards can be established for relatively few "whole jobs," but the principal parts or "tasks" in a considerable number of jobs are subject to such standards.
- Performance standards should be regarded as only one element in the overall program of work control and supervision. Further applications of formal standards should be tied in closely with other efforts in the personnel program, particularly those designed to enhance supervisory effectiveness and improve work methods.

As the Personnel Research Project ended, the development of performance standards was being considered as a requisite by the department heads and supervisors. This change in attitude was a result of the upgrading and training of supervisors particularly in their responsibility for conducting performance evaluations on all the employees they supervised. (See Chapter VII on Supervisory Authority and Responsibility.)

Summary

The problem of establishing a consistent and equitable wage structure *based on a scientific job evaluation system* was one attacked by St. Vincent's Hospital and one which was largely solved during the course of the research project. The program developed through four major stages of planning, training, development, and refinement of techniques.

The extensive and comprehensive program was characterized by an initial Job Analysis covering the 283 job classifications (positions) in the hospital. *Job descriptions* containing the duties and responsibilities of each position were prepared in conjunction with *job specifications* in which the principal requirements (skills, employee qualifications, and the like) of each position were set up. About 14 percent of the job titles were eliminated in the process.

On the basis of the data outlined in the job descriptions and job specifications, compensable factors to be used in the determination of the worth of each position were selected. From these factors a point-factor scale (Point System) was developed and applied to all hospital positions.
ined did not provide the true rela-
-e positions.
ms were then evaluated by the Rank-
nd the Grade Description Method in
The results provided a valid measure
ve worth of all positions. Eleven
each containing positions of com-
, were then set up.
d wage structure, based on extensive
surveys and analysis and comparison of internal rates of pay, was established. The structure consists of rate ranges for each grade with provisions for increments within each range and differential pay for shift and night staff.

Also inaugurated was a procedure for obtaining periodic evaluations of the job performance of each employee. To this end, a performance evaluation form was developed following a number of tests of its effectiveness and subsequent revision.

Staff orientation to the program was later followed by formal training sessions and continuous interpretation through the many facets of the undertaking. The active participation of all levels of the staff was enlisted in a wide variety of activities ranging from having every employee furnish preliminary data on the content of his job, to the testing of the performance evaluation forms by supervisors and department heads.

CONCLUSIONS

The following conclusions were drawn from the study:

Wage and Salary

- A system of job classification and a uniform list of all job titles used in hospitals with basic standards for such jobs would be invaluable for *meaningful* wage and salary surveys.
- Hospital associations are centers which could sponsor basic and ongoing programs in all phases of wage and salary administration with specific emphasis on Job Analysis, Job Rating, and

Comparative Wage studies. In today's economy, hospitals cannot afford to operate without a sound wage and salary program, but much work remains in order to tailor this tool to hospital requirements.

• Further research is needed in order to develop a method for shortening the time in which to do a job evaluation study; a re-study of the Point System and its applicability to hospital positions (the Ranking and Grade Description methods provided accurate results, but are still *nonquantitative*); and the refinement of factors used in an evaluation of hospital positions.

• This long process of exploration and experimentation is a necessary part of a program to develop a wage and salary program that will be *based on actual position content in the particular hospital* in which it is set up and that can be justified and accepted as objective.

Performance Evaluation

A formal program of performance evaluation is needed to insure that individual employee effort is not only recognized but rewarded in direct proportion to performance.

Performance Standards

• Results of this project indicate that performance standards cannot be superimposed. They must be developed by supervisors with the benefit of technical assistance and guidance. Hence, a favorable climate is a prerequisite for the acceptance of job standards by the department heads, supervisors, and employees.

• With respect to performance standards in the hospital field, basic research is greatly needed on such problems as:

The selection of jobs which are subject to standards application.

The determination of the kinds of standards applicable.

The selection of suitable data for setting standards.

The development of procedures and forms for recording purposes.

Methods of orienting and training supervisors and employees in order to gain their acceptance and understanding.

RECOMMENDATIONS

• The establishment of an equitable wage and salary structure and the development of meaningful job descriptions, classifications, and evaluations are complex activities. To assure success in such an endeavor, the services of competent technical personnel are essential, both in initiating and implementing such a program.

• In conducting job evaluations, the use of the point-factor method is *not* recommended for use in the single-type evaluation system. The results do not justify the tremendous amount of time consumed in rating. The staff believes that objectivity can be secured with one of the less detailed methods, provided a thorough job analysis is conducted.

• Since salaries represent the largest expense item in the hospital, it is imperative that a well-developed program of evaluation of jobs, wages, and performance be maintained so as to assure that a full measure of work is received for wages paid.

Chapter IV

Recruitment

As in other hospitals, businesses, and industries, recruitment is a large-scale, expensive operation at St. Vincent's Hospital.

For instance, from 1955 through 1958 the number of new employees hired ranged from 786 to 1,041 annually. In 1958, the staff of the personnel department interviewed approximately 7,500 applicants and processed approximately 6,000 new application forms to fill 893 vacancies—a ratio of about 8 interviews per placement. From these data the magnitude of the recruitment effort was obvious and led to such questions as: What are the sources of recruits? How effective are these sources? What is the time required to fill vacancies? How can recruiting be improved?

Thus, while other committees were focusing on their respective problems, the Recruitment Committee was given the responsibility of analyzing, experimenting with, and evaluating selective recruitment methods suitable to the personnel requirements of the hospital.

The goals of the recruitment research project were:

- To increase the number of *qualified*, acceptable applicants.
- To reduce the number of *unqualified* applicants.
- To reduce the time required to fill open positions.

Analysis of Recruitment Problems

A survey of hospitals, industry, and government revealed the following methods and techniques commonly used for personnel recruitment:

1. Recruitment from within, by promotion, or through transfer, largely by locating and notifying qualified employees to apply; and upon recommendation of supervisors.
2. Referrals by present employees who are advised of vacancies by bulletin board notices and employee publications; and by distribution of personal cards to employees to present to friends as introductions to the employment office.
3. Employment agencies.
4. Newspaper advertisements.

With the exception of introduction cards and listings in employee publications, varying degrees of these methods were in use at St. Vincent's Hospital.

As a first step in their explorations, the committee members evaluated recruitment by studying each source that referred applicants to the hospital. Thus, they determined the number referred, and what percent of these were (1) employed, or (2) classified as "potentials" for future employment.

A study of 260 applicants for office positions disclosed that only 32 percent were qualified and 68 percent were unacceptable. (See Table III.) Similarly, among 572 applicants for basic positions only 34 percent were qualified, while 66 percent were unacceptable. (See Table IV.)

This analysis also led to the elimination of 15 of the 25 employment agencies whose screening of referred applicants had proved unsatisfactory. Furthermore, to improve the services of the remaining 10 agencies, the staff of the Personnel Department visited the agencies and the agency staff visited the hospital. Through these joint

Table III. Analysis of action taken with applicants for office positions, by source of referral, November 1, 1959–January 31, 1960

Source of Referral	Number of Applicants				Percentage Distribution			
	Total	Hired	Acceptable Potentials*	Unacceptable	Total	Hired	Acceptable Potentials*	Unacceptable
Total	260	53	31	176	100.0	20.4	11.9	67.7
Employees	29	15	4	10	100.0	51.7	13.8	34.5
Religious**	14	10	2	2	100.0	71.4	14.3	14.3
Employment Agencies	68	10	6	52	100.0	14.7	8.8	76.5
"Walk-In"	79	9	9	61	100.0	11.4	11.4	77.2
Newspaper	66	5	10	51	100.0	7.6	15.1	77.3
Reemployed	4	4	0	0	100.0	100.0	0	0

*Qualified and application held in suspense because of no suitable vacancy.
**Priests, Catholic Charities, etc.

Table IV. Analysis of action taken with applicants for basic positions, by source of referral, November 1, 1959–January 31, 1960*

Source of Referral	Number of Applicants				Percentage Distribution			
	Total	Hired	Acceptable Potentials	Unacceptable	Total	Hired	Acceptable Potentials	Unacceptable
Total	572	74	121	377	100.0	12.9	21.2	65.9
Employees	132	4	43	85	100.0	3.0	32.6	64.4
Religious	31	2	20	9	100.0	6.5	64.5	29.0
Employment Agencies	187	39	18	130	100.0	20.9	9.6	69.5
"Walk-In"	203	24	40	139	100.0	11.8	19.7	68.5
Newspaper	15	1	0	14	100.0	6.7	0	93.3
Reemployed	4	4	0	0	100.0	100.0	0	0

*Domestic and other low-skill entry jobs.

meetings, needs were interpreted, problems shared, and mutual understandings improved.

An evaluation of newspaper advertising showed it to be the least effective and an expensive method of recruitment.

Early findings indicated that the most productive recruitment source was the present group of St. Vincent's employees. (See Tables III and IV.) However, the group referred by employees also had the highest turnover rate. Hence, employee referrals must be carefully screened, since some employees apparently "over-sell" the job by their own enthusiasm. Also indicated is the need for a better interpretation to employees regarding the qualifications of applicants needed to fill various vacancies.

Next studied was the time lapse in filling nonprofessional positions, which was found to average 11 days. This time lapse represented a serious financial loss to the hospital, inasmuch as it left increased demands on an already busy staff and frequently resulted in a supervisor filling in to get work done. From a management standpoint, the concern was that in such a situation the level of patient care inevitably suffers since it cannot be maintained at the optimum level. To decrease this loss it was recommended:

1. That the personnel department be notified as soon as an employee gives notice of resignation.

2. That recruitment for the job start immediately.

3. That the job be filled before the old employee leaves, so as to help employee morale and prevent an accumulation of undone or poorly done work.

4. That the new employee receive some on-the-job training by the outgoing employee, provided he is leaving in good standing and has a satisfactory attitude.

Factors Affecting Recruitment

The above findings accentuated the need to attempt to identify and analyze the factors that affect recruiting. The housekeeping department was selected for an experimental approach to an analysis of these factors. Of the 150 employees in the department, two-thirds had been employed less than 2 years; thus recruitment was a recurring activity.

The purpose of the pilot project was to determine the characteristics of successful maids and porters, i.e., those who had been rated *good* or *better* for at least two years; as compared with an unsuccessful group, i.e., those who were rated less than good and who left or were discharged soon after hiring. If differentiating characteristics were uncovered they could be used as guides in future recruitment and selection.

Factual background information, of a biographical and motivational type, was obtained from personnel records and from structured interviews of a sample of the successful maids and porters. Similar data were obtained from records and terminal interviews of a sample of the unsuccessful former employees. An analysis of the findings indicated:

EMPLOYEE PROFILES

Of the sample of 27 *successful* maids and porters:

- The majority were Negroes, born in the United States and living in New York 3 years or more.
- Seven of the 15 women were widows with one or more dependents; all 12 males were married and had dependents.
- Most had attended elementary school but did not graduate.
- Fourteen were referred by employment agencies, seven by other employees, and six "dropped in" looking for work.
- All 27 had been employed in similar jobs prior to joining the St. Vincent's staff, but only four had previous hospital experience.
- In all cases their previous earnings were comparable to salaries offered by St. Vincent's at the time of employment.
- The initial analysis of the motivational data revealed one strong common characteristic—a desire to serve, and a satisfaction in working with and helping people. The fact that their housekeeping duties contributed to the comfort and recovery of patients was emphasized repeatedly.

A profile of *unsatisfactory* employees, or those who resigned, showed they:

- Were single, separated, or widowed and lacked the stabilizing influence of a family and home responsibilities (i.e., lived alone, and wife and/or children not dependent for support).
- More frequently had some type of previous hospital experience.
- Were younger as a group—less than 30 years old.
- Had not all had previous experience as maids or porters.

POSITIVE FACTORS

The following are significant positive factors to be considered in hiring maids and porters:

- A strong desire to work in a hospital, so that at least indirectly one is helping the sick.
- Previous experience as maid or porter, but not necessarily with hospital experience. This eliminates the danger of hiring floaters.
- Older people (between 30 and 40 years of age) with home responsibilities.
- Recent earnings comparable to those paid in the position to be filled.

These findings were incorporated into a revised weighted application form which is used in screening all applicants for the positions of maids and porters. In use, the form has proved effective. (See Appendix C, Exhibit 1c.) Since its adoption, more of the maids and porters hired have proved to be in the "successful" category with a consequent drop in turnover.

A comparison of the 1960 turnover rate with the 1963 figure shows that among the maids, turnover has dropped from 35.8 percent to 10.4 percent. Similarly, among porters the rate has dropped from the previous 43.8 percent to the present rate of 29 percent.

Another improvement is noted in the figures of the Personnel Department's activities: In 1958, the ratio of interviews per placement was 8:1; in 1963, it dropped to 5.4 interviews per placement.

Summary

The efforts of St. Vincent's Hospital with respect to the recruitment process have illustrated several methods by which hospitals can analyze their recruitment problems. These include: an analysis of sources of recruitment and their relative effectiveness, a study of the time lapse required to fill vacancies, and a study of characteristics which differentiate successful employees from unsuccessful ones in a particular job category.

By pinpointing the problem it was possible to apply remedies, which included: eliminating those sources of referral of job applicants which proved unsatisfactory and maximizing those which proved satisfactory; instituting measures to reduce the time lapse in filling nonprofessional jobs; and developing and adopting a weighted application form for improving the selection of porters and maids.

CONCLUSIONS

- The area of recruitment is one which easily lends itself to evaluating the effectiveness of various recruitment sources and methods.
- In job categories with high employee turnover it is possible to determine factors related to successful employment and to apply these to the recruitment procedure.

RECOMMENDATIONS

- The staff of St. Vincent's Hospital recommends the analysis of recruitment problems, evaluation of sources of referrals, analysis of the time elapse in filling positions, and determinations of characteristics of successful employees for hospitals interested in arriving at a definition of some of their recruitment problems and measures for their solution.
- With respect to the pilot study regarding characteristics of successful maids and porters, such determinations are recommended for other job categories which reflect similar problems of high personnel turnover particularly within the first year of employment.
- Further research and experimentation is recommended regarding:

1. The effectiveness of establishing liaison with select schools as sources of recruitment.

2. An analysis of the effectiveness of different sources of referrals in terms of the number and percent of persons hired and the number and percent who continue beyond the period of probation.

Chapter V

Selection

EVERYONE WHO HAS HAD to make a decision among applicants for a position knows the mixed feelings of hope and doubt that this responsibility often arouses because of the importance of the decision to the department, to the organization, to the individual selected, and to those rejected.

Obviously the effectiveness of selection is limited by the number and quality of the applicants recruited for a position; then by the success of the supervisor in placing, orienting, assisting, and encouraging the new employee; and finally by conditions of work and departmental morale and interactions. Nevertheless, a poor selection procedure must be responsible to a large degree for "misfits" and dissatisfied good employees, especially among the recently employed.

As St. Vincent's Hospital studied labor turnover, they pinpointed the fact that 67.5 percent of the employees who left the hospital in 1958 served only a year or less; of these, 13.5 percent left in the first month. These data suggested the need to study and experiment with measures to improve selection.

Mindful of the fact that there are many unknown factors involved in all human relations, the Selection Committee, nevertheless, set out to study and improve appraisal procedures on the basis of known factors. Selection was defined as "matching the qualifications of the applicant with the specifications of the job for a long and productive period of employment."

The two basic questions to be answered in every selection process are:

1. What does the specific job require?
2. Does this applicant meet these requirements?

To answer the former question, job qualifications for each position had already been delineated by the wage and salary committee. In efforts to satisfy the second question, employee selection programs usually rely on references from previous employers, tests, weighted application forms, and interviews.

Goals and Methods

It was to this latter phase of the selection process that the committee directed its attention and hence established as its goal: *To achieve greater accuracy in predicting an applicant's success on the job, in terms of his performance and job satisfaction.*

To achieve this goal three areas were explored:

First: The use of a refined application form and experimentation with a weighted-factors instrument.

Second: The sharpening of interviewing techniques.

Third: The use of aptitude and ability tests as a selection tool.

Areas Explored

APPLICATION FORM

In exploring the first area, employment application forms were obtained from hospitals throughout the country. These served as a basis from which a composite form was developed. After a trial period, the application form was revised, tested, and again revised until it satisfactorily incorporated the data which the Personnel Department felt was necessary for an evaluation of applicants. The most recent revision of the form, currently in use, appears in Appendix C, Exhibit 2c.

WEIGHTED FACTOR

The next step focused on developing a weighted instrument, i.e., an application form in which different values are assigned to those items having a bearing on job success. Thus, items which have a positive relationship to job success are rated higher than those with a negative relationship. Values are assigned by means of a point system. The goal of such an instrument is to increase the efficiency of the selection process by making it possible to predict, with a fair degree of accuracy, which applicants would prove successful and which would not.

To isolate the factors to include in the weighted instrument, a study was made of two groups of employees, namely, a group who had terminated their employment within 4 months and another group who had worked a year or more before terminating. From these data a list of items which seemed to have a bearing on the applicant's qualifications was compiled. It included: age, sex, marital status, number of dependents, highest school grade completed, average length of time in former jobs, and whether the individual had a telephone. Point values were assigned to the items, and a hiring score was established. When the instrument was tested by applying it to 500 application forms, the results showed it needed further refinement. Although it would have eliminated 63 percent of the workers who left before completing 4 months on the job, it would also have eliminated about one-fourth of those workers who remained on the job 1 year or more.

To date the instrument has not been refined because, with the drop in turnover, the number of applicants is not a large enough sample for testing. It is hoped, however, that further study will be possible in the future by combining with other hospitals.

INTERVIEWING TECHNIQUES

The committee next moved on to the second area of exploration, aimed at improving interviewing techniques. An intensive training program was conducted by the consultant psychologist, for the staff of the Personnel Department. The program provided an understanding of the purposes, skills, art, and techniques of interviewing and methods of synthesizing an applicant's qualifications in relation to job specifications.

A form was developed as a tool for rating job applicants during an interview. It consists of five broad areas recommended for effective interviewing; within each area a number of questions appear, which the interviewer probes with the applicant. Space is provided for rating the applicant with respect to each question.

The staff was trained in the use of the form. Their interviewing procedures were observed by the consultant psychologist, who suggested improvements and demonstrated interviewing techniques, thus striving to sharpen the skills of the interviewer in appraising the qualifications, motivations, and personality of applicants. For the interview rating form, see Appendix C, Exhibit 3c.

TESTS OF APTITUDE AND ABILITY

The third area studied was an evalution of aptitude and ability tests as a selection tool.

Ability testing (or the use of standardized tests measuring intelligence, aptitude, or achievement) was chosen because it has proved to be highly reliable and consistent in evaluating an applicant's skills and aptitudes. On the other hand, personality tests (or tests measuring interest, motivation, personality, and character) lack validity due to many, thus far, uncontrolled factors. Personality tests, then, have not enjoyed the popularity that ability tests have received and were not included in this testing program. They afford a special area of inquiry and require intensive research. However, tentative current findings indicate that in the very near future they may prove to be invaluable aids in selection and placement.

It was stressed that tests cannot be used by themselves to select applicants or promote promising employees. They are part of a total program that consists of interviews and evaluations of an individual's complete makeup: personality, motivation, interest, character, and other numerous traits. Tests, then, are valued for the clues they give us as a preliminary tool or indicator. When well-developed they can save us time by screening out applicants or employees who do not have the ability required for the job at hand. In short, tests have been proved to:

- Select good employees who might otherwise be rejected.
- Eliminate unqualified employees.
- Save the time, expense, and other losses incurred in attempts to train unsuitable personnel.
- Reduce turnover.
- Increase employee productivity.
- Identify persons with a potential for advancement.

• Build better employee morale through better job satisfaction.

• Improve the hospital's public relations.

In summary, efficient testing contributes to better patient care through the selection of qualified employees who show a desire and interest in helping other people.

Since testing as a possible selection tool had not previously been used in the hospital for screening employees, it was selected as a major area for exploration and experimentation. Three categories of employees were chosen for study: clinical employees, maintenance workers, and nurses' aides. As the jobs these employees held cut across several departments of the hospital, it was believed that the results would be applicable to or representative of various segments of the employee population.

Clerical Staff Test Validation

Business has demonstrated that clerical positions possess basic common factors that lend themselves readily to being measured quickly, accurately, and objectively by aptitude tests. To discover whether this finding applied to positions in the hospital, two tests were chosen:

1. *The Wonderlic Personnel Test, Form D*, a 12-minute, 50-question pencil and paper test of general intelligence, available commercially.

2. *The General Clerical Test*, a 48-minute, nine-part aptitude test yielding three subscores which measure clerical, numerical, and verbal skills. Norms can be developed in all clerical areas from junior clerks to senior accountants. This test is also available commercially.

These tests were administered to a majority of the full-time office workers who volunteered to take the tests after having been assured that the basic interest was in testing the tests, not the employees.

Office positions were combined into three broad job groupings consisting of: verbal, numerical, and verbal-numerical jobs. Certain ability factors such as intelligence, verbal ability, numerical ability, and clerical aptitude, which were found to be relevant to these jobs, were to be measured by the testing program.

The criterion selected for validating test results was a comparison of the subject's test results with his performance ratings on the job. After careful consideration of the various methods available for rating job performance, the Field Review Method was chosen, despite the fact that it is a rather time-consuming process which requires a sophisticated interviewer. In the Field Review Method, a third party, who has been designated as interviewer, holds a discussion with the employee's immediate supervisor. From such discussion, a picture is obtained of the job performance and the makeup of the employee being rated. All information is provided by the supervisor. The interviewer plays an active role in the process by encouraging the supervisor to think analytically and critically about the makeup and job performance of the employee.

Field Review interviews were conducted with supervisors, using ability criteria factors. Information was gathered relating to the employee's motivation, personality, and other job-related attributes which accurately described the employee's performance or capability. The supervisor ratings were then measured against a nine-point quantitative scale (plus and minus).

The Wonderlic Personnel Test, Form D, was dropped early in the study, as it did not correlate well with the criteria ratings.

The *General Clerical Test*, on the other hand, from the start showed a significant relationship between the scores and the criteria ratings. It was, therefore, retained and used throughout the study. It was recommended for use as a screening instrument, as a placement tool, and as a determinant of promotional potential. Tentative local norms were established.

Since the number tested was small, the committee further recommended that an additional group of hired clerical applicants be tested to provide additional validation data and that tentative norms be refined. This further validation of the General Clerical Test was conducted by the Personnel Department from November 1959 to 1961.

Eighty-seven additional clerical employees were tested during this validation process. Tabulation of the data indicated that the results compared very favorably with the earlier findings. As with any test, a critical step was that of establishing a desirable cutoff score which would assure that only a minimum of good candidates were lost, while a maximum of unqualified candidates were rejected. The cutoff score which was tentatively established is currently being studied to assure its reliability.

The General Clerical Test is now being used for selection and promotion. It is specifically being used as:

1. A preliminary screening instrument to

eliminate completely those candidates who are inadequate in basic ability.

2. A placement tool with special reference to the proportionate strength of the applicant's verbal ability, numerical ability, and clerical aptitude in relation to the job's requirements.

3. A clue to promotion potential and maximum utilization of each employee's ability resources.

As with the test of the weighted factors, the sample of applicants has not been large enough to validate or refine the present local norms. There are plans, however, to do so in cooperation with other hospitals.

Maintenance Employees' Test Validation

The main objective was to select and validate aptitude tests for the Engineering and Maintenance Department and to establish local norms once validity had been established.

A review of the job titles within the maintenance section revealed that positions within this group varied widely as to the degree of skill required. To facilitate the analysis of the data and to improve the usefulness of the final results of the study, the various jobs within the Engineering and Maintenance Department were classified into two broad categories:

1. *More highly skilled jobs, requiring considerable mechanical aptitude:* electrician, mechanic, motor mechanic, refrigeration engineer, stationary engineer, carpenter, and general maintenance foreman.

2. *Less skilled jobs, involving predominantly manual labor:* painter, incinerator man, maintenance porter, and wall washer.

It was then decided to focus attention on two general ability factors: overall intelligence (general mental ability) and mechanical comprehension (the ability to perceive and understand mechanical relationships). Tests selected were:

1. *The Wonderlic Personnel Test, Form D*, available commercially.

2. *The Bennett Mechanical Comprehension Test, Form AA*, also available commercially. This is an untimed test of simple mechanical reasoning which measures the ability to see functional relationships among gears, levers, pulleys, and other illustrated applications of basic physical laws and principles.

Job skill was the criterion against which the individual's test score would be measured. If the test was valid, the average score attained by the more skilled group would be higher than that attained by the group performing manual labor. Another criterion used was capability (intelligence and mechanical comprehension) on the job. The Field Review Method was used to obtain accurate supervisors' ratings. Quantitative ratings were assigned to the supervisors' ratings. A nine-point rating scale was used similar to that used for the General Clerical Test. After 34 employees had taken the tests, the following results were noted:

- All scored poorly in comparison to high school graduates.
- There were wide individual differences in scores on both tests.
- Language handicap lowered some scores.
- There was a statistically significant difference between the average score of the skilled and unskilled groups, which appeared to support the validity of the test.
- An analysis of the results showed that the test was only valid in screening for the more highly skilled jobs.

Therefore, it was recommended that the Mechanical Comprehension Test be used to screen and place the more highly skilled maintenance workers such as electrician, chief electrician, mechanic, refrigeration engineer, stationary engineer, carpenter, and general maintenance foreman with the view to summary elimination of candidates woefully lacking in basic mechanical knowledge. This test was also recommended as an indicator for promotion in positions requiring a high degree of mechanical comprehension and aptitude. The test was not recommended for use in selecting applicants for the less skilled jobs.

Tests for Nurses' Aides

The purpose of this project was to determine the suitability of aptitude tests for the employment of nurses' aides, as well as to establish local norms for any test found experimentally to be valid.

Unlike the clerical and maintenance areas where considerable research has been done previously in other organizations, this particular study was essentially exploratory and pioneering since tests in this area have not been developed anywhere. Further, factors pertinent to this particular job classification were thought to be unique as compared to other areas. Involved were not only basic mental ability, verbal or reading comprehension, but judgment—the most important factor of all in nursing, and vital to patient care.

Sensitivity and tact in human relations were also important. It was therefore necessary to expand the basic boundaries of the original testing program to include personality testing. It was a challenging opportunity to contribute to methodological and possibly practical data in the area of patient care.

Because of the predominantly negative test results reported in the literature at that time, it was difficult to decide whether to select a tailor-made test or to experiment with new ones. The committee thought that one or more tailor-made tests might prove to have greater validity than any currently available instruments.

After careful consideration, an experimental battery of five tests was chosen. The first two tests were available commercially as measures of general intelligence, and the three others were tailor-made by a cross section of the hospital staff:

Science Research Associates, Non-Verbal, Form AH. This test is particularly useful for testing the mental ability of people with limited verbal skills or inadequate knowledge of the English language. Problems are presented entirely by pictures. Results do not depend on previous educational background or knowledge of the English language. Actual testing time is 10 minutes.

Personnel Tests for Industry, Oral Directions Test, Form F. This is a broad test of general mental ability which minimizes the effect of the applicant's skill in reading, writing, and doing computations. It is designed for applicants with limited schooling or with a foreign language background. It provides a measure of whether the person tested has the ability to understand what he or she is told to do. The examinee merely listens to each question and records his answer on a single sheet. The test required 15 minutes for complete administration.

Job Importance. This test was designed to measure the applicant's status feelings concerning work as a nurses' aide. The underlying rationale centered around the hypothesis that the better performing nurses' aides are more likely to regard their job as being of greater importance, whereas poor nurses' aides are more likely to think of their job as having less importance. Specifically, the testee was asked to rank 11 jobs which were arranged in random order. The test was given without a time limit; however, most subjects completed it within 10 minutes.

Word Checklist. This was a test of masculinity-femininity, predicated on suggestive findings of a commercial test which was felt to be too long, too complex, and difficult to use at this hospital. The purpose of the test is to determine those subjects who demonstrate feminine characteristics, since these persons are generally found to be more sensitive in their relations with patients. It was decided to construct a simple instrument drawing upon the work of previous investigators. Forty adjectives were chosen and arranged in two columns in alphabetical order. Critical or scorable items were mixed at random with neutral or buffer adjectives. The subject was requested to check each word she thought applied to herself without worrying about duplications or contradictions. The purpose of the test was disguised; the title was merely "Word Checklist." Unlike most personality tests, its purpose is by no means transparent or self-evident. The test was given without time limit. Most aides completed it within 10 minutes.

What Would You Do? This test, another tailor-made instrument, attempted to measure judgment in nursing and other social situations. The committee developed 100 items describing practical human relations situations, some being specifically related to nursing or nurses' aide experiences and others being purposely drawn from every-day life. All items were cast in multiple-choice form. After considerable research and investigation by committee members, 40 items were finally chosen and administered to the aides. The test was given without time limit. Most completed it within 25 to 30 minutes.

Two of these tests, PTI Oral Directions Test and the Job Importance, were found to have no empirical validity whatever, when test scores were checked against appropriate criteria. Significant correlations were obtained for the SRA Non-Verbal Test, as well as the Word Checklist and the Test of Social Judgment. ("What would you do?")

For purposes of validation it was suggested that each of the above three tests be administered to applicants for the position of nurses' aide, over a prescribed period of time, without utilizing the test results in any way for selection purposes. A small number of subjects have been tested, including present employees. The current findings and recommendations are tentative. In the future it is hoped that an accumulation of test scores made by bona fide applicants will provide the basis for much more reliable and valid followup studies. Such investigations should also furnish a basis for

establishing norms for the interpretation of test scores.

Despite the tentative nature of the present results they are promising, especially since the findings of previous investigators in this field have been predominantly negative. On the basis of the results it was suggested that:

1. The tests be administered to applicants and that, in the future, a comparison be made between the scores obtained by those rejected for employment and those hired.

2. When enough applicants have been tested and employed as nurses' aides and have been on the job long enough to determine performance, that their scores be correlated with the same criteria used in the early study.

3. Local norms be established for the actual application and interpretation of test scores.

4. Additional item analysis and cross-validation be conducted for the "What Would You Do?" Test.

Subsequently, a validation study was conducted by the Personnel Department on 23 nurses' aides who were hired from May 1961 to November 1962. The tests used were those recommended in the earlier study: the SRA Non-Verbal Form, the Word Checklist, and the "What Would You Do?" Test. The recommendations made in the earlier study were accepted with modifications.

No final conclusions have been made; however, the tentative findings indicate that the tests do show promise. It is considered worth while to continue the project at a future date and to further validate the tests using applicants hired as nurses' aides. Until such time, samples of the test are not available for distribution.

Summary

St. Vincent's Hospital studied the employee-selection program in an effort to improve appraisal procedures. The study encompassed three areas:

1. The refinement of the application form and experimentation with the weighted factor instrument.

2. The sharpening of interviewing techniques.

3. The evaluation of six aptitude and ability tests as selection tools.

Their efforts produced:

1. A revised application form.

2. A weighted-factor instrument which is proving effective in the selection of maids and porters.

3. An interview form which includes a rating scale for appraising applicants.

4. Six aptitude and ability tests and two personality tests which were appraised for use in the selection of employees in the clerical, maintenance, and nursing aide categories. At present, efforts are being focused on the validity of these tests in selecting nurses' aides. Two of the tests are currently being used for screening and promotion in the clinical and maintenance areas.

CONCLUSIONS

To do an adequate job of selection, all three tools—the application form, the interview, and tests—in conjunction with references, should be considered. Probably the greatest emphasis should be placed on intensive interviews, for in any selection process the real problem is one of arriving at an accurate appraisal of the individual's motivation, personality, and other character traits. The intensive interview seeks to achieve this appraisal. In this regard, the intensive training of the Personnel Department staff in the techniques of interviewing and the use of the performance evaluation form have proved helpful.

Although tests can be useful, the hospital emphasizes that tests alone do not provide the complete basis for selection. An applicant scoring extremely low can be summarily rejected after further evaluation because he does not possess the minimum level of ability required for satisfactory job performance. However, it does not logically follow that the applicant achieving an acceptable or highly favorable test score should be employed. A favorable score merely indicates the presence of needed or desired ability.

The entire area of personality testing is virtually untouched and is an area in which there is

need for more information to refine our judgment in differentiating the "good" from the "poor" worker. Many challenges remain.

RECOMMENDATIONS

- Hospitals interested in improving their employee-selection process should begin with a critical analysis and study of the application form and interviewing procedure.
- Further study is needed to develop a more comprehensive weighted application instrument to encompass all categories of employees. Industry has proved its value in facilitating and improving selection. Hospitals stand to benefit by doing likewise.
- Efforts to validate the six tests for nurses' aide, clerical, and maintenance staff should be continued although it is time-consuming to validate results. Valid tests are useful as a preliminary screening instrument, and as an indicator of promotion potential.
- Studies should be conducted to determine other job categories in the hospital field to which aptitude tests might be tailored.

Chapter VI

Personnel Training and Management Development

As the Personnel Research Council was seeking ways to provide better patient care while holding costs in line, it directed its attention to the subject of employee training. Since training has as its aim to increase job satisfaction through the realization and development of individual potential, it was recognized as an essential ingredient of the research project. A Training Committee was appointed for the purpose of planning, implementing, and evaluating the following activities: training programs for employees, supervisory development sessions, executive development sessions, and orientation programs for new employees.

Goals

The basic objective of the Training Committee was *to experiment with training efforts directed toward meeting the pressing personnel needs of the hospital.*

Initially, the committee intended to schedule research in formal training during the third year of the program. As the study progressed, however, it became apparent that formalized training and orientation were needed for supervisors to (a) obtain their assistance in enlisting maximum interest of all hospital personnel in the research project and (b) win cooperation of the supervisory group in more readily accepting new tools and techniques developed in the program.

Thus, the pressing needs of the Research Project led to the implementation of several programs aimed at management and supervisory development, and a pilot study of inservice training methods.

Management Development

Three aspects of management development were studied: the development of basic supervisory skills, communication, and self-development.

BASIC SUPERVISORY SKILLS

Only 4 months after the Personnel Research Project was begun, a training program for all the supervisors (180) was initiated. In developing the content of the course, the committee decided to emphasize basic supervisory skills. This decision stemmed from a recognition that in this hospital, as in other hospitals and in industry, the majority of supervisors have been promoted because they demonstrated proficiency in technical performance. Since a supervisor needs skills in working with people in order to translate knowledge into action through others, the subject of human relations was highlighted in 9 out of a total of 16 sessions.

The aims of this supervisory development program were threefold:

1. To increase each individual's understanding of himself, both as a person and as a supervisor:

(a) It was hoped that each supervisor would be able to see himself more objectively as he compared his attitudes with those of other supervisors and as his handling of employees was discussed by others in the group.

(b) As each individual discussed what he considered to be good management policies (i.e., how *he* likes to be treated), he would be better able to understand how his methods affect workers whom he supervises.

(c) Each supervisor would be reoriented regarding his position in the total hospital struc-

ture, with emphasis on how his work ultimately relates to patient care.

2. To improve upward and downward communication.

3. To improve attitudes through group discussion.

Each group was deliberately constructed to include supervisors from various departments of the hospital. Thus, it was hoped that improved cooperation between departments would result from: this mixing of groups; a mutual discussion of problems; an awareness of the difficulties faced by each department; and an opportunity to become acquainted with supervisors from other departments on a more personal basis.

By opportunities for group discussion, supervisors would be helped to realize that administration was interested in them, their development, and their problems. Discussion, under the leadership of trained group leaders would provide an opportunity for ventilating negative feelings and for offering worthwhile suggestions. In discussing their problems, supervisors would discover that the solution to some difficulties is not easily arrived at; they would also become aware of the problems encountered in finding solutions acceptable to all.

The conference technique of group discussion was the method selected for the training. This method was chosen because research has shown that attitudes and behavior change more readily when people can participate, exchange ideas, and get the impressions of others, than when a straight didactic approach such as a lecture is used. Factual material seemed less important than new insights into supervisor-employee relationships, the development of new attitudes, and the improved skill in fulfilling one's role as a supervisor.

To meet the above aims the following course program was developed:

Topics	*Number of Sessions*
Administration of Psychological Tests for Research Purposes	1
Human Relations	9
Organization and Management	4
Communications	1
Brainstorming	1
Total Sessions	16

The program was conducted in 1-hour, weekly meetings held over a period of 16 weeks, for 6 groups consisting of approximately 15 members each. Two such series reached the 180 supervisors at the hospital.

To the supervisors, the following purposes of the training were presented at the outset and emphasized throughout the program:

- It was a pilot study to investigate training procedures and techniques and to develop meaningful training programs for potential supervisors. The whole program would be basic rather than intensive. Supervisory cooperation through participation and evaluation would be enlisted as a part of the research.

- By their participation, supervisors would be stimulated to develop new ideas themselves and to advise the committee in what areas they desired further development.

At the first session, pre-tests were administered to obtain objective, quantitative data as a base line for a later evaluation of the supervisory training program. The pre-tests included:

1. *The Wonderlic Personnel Test.*

2. *How Supervise? Test B* (The Psychological Corporation).

The supervisors' responses to the latter test helped reveal some of their needs, thus indicating topics to include in the course.

At the closing session of the training program, the alternate form of the test, *How Supervise? Test A*, was given to permit a post-test comparative study. The findings led to the conclusion that the test did not give an accurate measure of the supervisors' improvement in the area of human relations.

In addition, during the final session, the groups evaluated the program by discussing two questions: "How would you have arranged the classes if you had planned the program?" and "What would have made those sessions more beneficial for potential supervisors?"

To evaluate the sessions in terms of self-satisfaction, they were asked: "How has this course affected you?" and "What else can we offer you in a development program?"

The responses to the latter questions were relayed to each participant with the request that they select the five most worthwhile answers to the four questions above. From their replies a list of topics, priorities, and suggestions for future training programs was developed.

Efforts to evaluate the program based on

the pre-tests proved unsuccessful. An extensive analysis of the test results indicates that *How Supervise?* apparently measures intelligence, mental maturity, and reading comprehension. Probably, it also measures "knowledge of principles of supervision," but not "supervisory insight" nor success in supervision. Hence, the value of the test is not as an evaluation tool, but as an instrument to determine specific training needs of supervisors.

The above efforts represent a formal program designed to help supervisors learn and apply basic supervisory skills. In subsequent training efforts, however, various aspects of the Personnel Research Project were used as *media* for management development.

IMPROVING COMMUNICATIONS

Communications was one of the areas in which both the administrator and the supervisors recognized a need. Therefore, it was a subject to which the Training Committee assigned priority.

Rather than explore their own methods, St. Vincent's decided to cooperate with a Research Program of the Catholic Hospital Association which had been developed on "Improving Communications Through Listening." This program, consisting of tape recordings interspersed with periods of discussion, was given to three separate groups. One program was attended by 2 assistant administrators, 10 department heads and 3 assistant department heads, and was followed by a 3½-day workshop on communications. During this workshop, participants endeavored to determine barriers to effective communications within the organizational structure. Attention was focused on downward, upward, and horizontal communications.

Suggestions for the improvement of the mechanics of communication were readily implemented. The general climate has improved, but has taken time, since the complexity of communications—up and down—necessitates great understanding.

Two other programs were conducted for 33 supervisors. It was found that the first-line supervisors were the least receptive and did not relate the taped material to their everyday activities. This, again, is explainable. Understanding and insight require experience as well as knowledge, and this group had little experience in the area of supervision.

SELF-DEVELOPMENT

In addition to the above training programs, supervisors and department heads were encouraged to pursue a self-development program. This informal program was accomplished by providing all supervisors and department heads with a subscription to the monthly publication, *Supervisory Management*. It was mailed to their homes so as to enable them to study and build their own reference library. A guide sheet calling attention to articles and case studies especially applicable to St. Vincent's Hospital was prepared monthly and circulated to each subscriber. Department heads were encouraged to discuss the publication at departmental meetings and in conferences with supervisors on special problems.

An evaluation of this program indicated that:

- On the average, the time spent by the staff in reading and re-reading each issue ranged from 15 minutes to 5 hours with a median of 1½ hours.
- Seventy-three percent recommended that the hospital renew the subscription for supervisors because: it was generally helpful; the practical suggestions helped directly with on-the-job problems; and it was a source of basic management information as distinguished from special, technical knowledge.
- Seventy-five percent said they would be willing to pay half the subscription cost.
- Seventeen percent did *not* recommend that the hospital renew subscriptions because: relevant material can be secured from other sources; copies could be shared rather than having individual subscriptions; the publication duplicated some of the material presented in the inservice program.

Training of Supervisors by Supervisors

Another area of need, which had been pointed up by the work of the Wage and Salary Committee, was the need to train supervisors regarding the methods of carrying out performance evaluations of their employees. This need came at an opportune time for the Training Committee, which was interested in conducting an experiment in the use of supervisors in the training of other supervisors.

The experiment would provide the added value of securing the active participation of the

supervisors in the planning and execution of the job performance evaluation project—a condition which research has shown to be effective in bringing about change. Furthermore, the experiment would:

- Give a group of supervisors intensive training and experience in group leadership.
- Help management to identify potential leadership as evidence in carrying out a job training responsibility.
- Increase the number of persons available to conduct training if supervisors accepted development sessions by their peers.

The pilot study would seek answers to the following questions:

- Would supervisors accept those on their own level as conference leaders?
- How would discussion be handled by leaders on a supervisory level dealing with the problems of others on their own level, particularly since they would be presenting material in which they themselves were involved and in which they had not themselves an integrated knowledge?
- How would supervisors respond to problem-solving conferences led by other supervisors?

Several supervisors were members of the Wage and Salary Committee which was revising the Performance Evaluation Form. Since they had shown considerable enthusiasm and interest in the subject of performance evaluation, it was decided to enlist them as trainees in the experiment.

The Training Committee then faced the problem of deciding what type of training method to use in preparing the supervisors to lead discussions with other supervisors. In any method selected, the following questions needed to be considered: What intensive training would be required in order to enable a group of supervisors to:

- Develop the skills and techniques of a good discussion leader?
- Overcome or diminish the emotional blocks of self-consciousness and dependency?
- Acquire flexibility in approaching discussion problems?
- Be willing and able to rely on their own judgment, imagination, and initiative?

The trainees had necessarily become involved in the problems of performance evaluation while the form was being revised. In testing the form, all of the trainees had evaluated a number of their own employees. Therefore, in addition to acquiring leadership training in the process of group interaction, they would be presenting material with which they had unresolved problems by the time they began leading the group. Their knowledge was mainly theoretical. These circumstances would tend to intensify any fears of inadequacy they might have in their role of group leader.

TRAINING THE LEADERS

The conference technique was selected as the method of training the seven selected supervisors. The training was given by a psychologist, who was a member of the staff of the school of nursing. Approximately 20 weekly sessions were held over a period of 5 months. In the early sessions, the psychologist concentrated on creating an atmosphere of freedom which encouraged the group to freely ventilate their fears with respect to becoming discussion leaders. Gradually the group went on to the following:

1. They discussed their unresolved problems regarding the evaluation of their employees' performances. Through group analysis and discussion, solutions to the problems evolved. In the process:

a. the supervisors improved their skills in performance evaluation by a deepened insight into the subject.

b. the instructor was able to demonstrate some of the skills and techniques of leading a discussion, and

c. content material for use in the training of their peers was developed.

2. Several sessions were devoted to the philosophy, methods, and problems of conference leadership.

3. Practice sessions were provided. Opportunity was given each trainee to lead the others in one of the sessions structured for presentation to the supervisors. Each practice session was followed by a critique led by the instructor, in which the group analyzed the session and the leaders' feelings during the session, and suggested improvements.

The trainees were now ready to begin training their peers. Before doing so they made two decisions which, in a way, reflect the degree of comfort they felt about the task awaiting them. First, after each of the training sessions with the supervisors, a critique would be held in order to evaluate the content, the group participation, the questions which arose, the problems encountered, and the leaders' reactions. Thus, the trainees could review the skills or techniques they had applied or

omitted. Second, their sessions with the supervisors would be evaluated by questionnaires to the group at the conclusion of each session.

CONFERENCES FOR PEERS

These 7 trained supervisors conducted conferences for their peers, i.e., 79 supervisors who were involved in using the Performance Evaluation Forms. A total of eight sessions of 1½ hours duration were held once a week. In addition a group, chaired by the training leader, was attended by 11 department heads and 3 administrators.

The agenda for the sessions developed from the problems which supervisors were encountering in rating employees' performance. Topics included:

- Benefits to be derived from the evaluation of employees' performance.
- Orientation of the employee with respect to evaluation.
- Mechanics of rating.
- Planning the evaluation interview.
- Handling the evaluation of people who present problems.
- Evaluations when there are language barriers.
- Rating employees who work evenings or weekends when the rater has no first-hand observation of their work.
- Principles of performance evaluation.
- Evaluation of the training program.

Every week the participants received a summary of the conference held the previous week. This "Conference-in-Print" included a digest of the material discussed as well as the important questions raised by the participants. It was intended as a supplement to the discussion, to be used as a manual on performance evaluation by the participants.

PROGRAM EVALUATION

The following evaluation of the program represents three phases: one with respect to the training of discussion leaders, another with respect to their subsequent training of supervisors, and a more recent evaluation of supervisory development as reflected in the use of the performance evaluation procedure.

The self-evaluation of the discussion leaders brings out the following points regarding their training:

- All seven of them consider they have matured with respect to their *self-confidence* as group leaders.
- They all considered the experience as a leader had helped them in their work as supervisor by enabling them to "identify with the hospital's aims and purposes." They stated "it has alerted me to many hidden problems which have never been brought out into the open."
- The experience convinced them that "group techniques are helpful in problem-solving and work discussion."
- The specific areas in which they felt the program had been of help were: performance evaluation of employees, pre-employment interviews, in the day-to-day relations with employees, in the conduct of meetings, in communicating with employees, and in the handling of the aggressive or autocratic supervisor or employee.

Supervisors' Evaluation

With respect to the 93 supervisors who participated in the conference, their evaluation revealed that:

- Two-thirds of the attendees rated the value of the sessions to them as excellent or good.
- Eighty-four percent rated the "Conference-in-Print" as a valuable tool.
- The leader was rated excellent or good by 90 percent of the participants in knowledge of subject matter, and by 87 percent in ability to create a relaxed atmosphere within the group.
- In another phase of evaluation the participants listed areas in which they felt the need for further training. The list serves as a guide for continuing management development programs at St. Vincent's Hospital.
- As an outgrowth of the above conferences, the supervisors initiated a self-directed monthly problem clinic on the subject of performance evaluation.

Reappraisal

After the project was completed, an appraisal of the use and value of the performance evaluation procedure was conducted for the period November 1959 through January 1, 1962. The following observations were noted:

- Supervisors added rating factors to the evaluation form based on need or departmental requirements. Such extra items included: ab-

senteeism, work with others, attitude, leadership, organization, ability, and promptness.

- Supervisors placed overall emphasis on the following rating factors: judgment, leadership, tact, potentiality, dependability, ability, work production, interest, absenteeism, and tardiness. Ability, production, and dependability were emphasized repeatedly.
- The supervisors' essay comments were limited and did not necessarily agree with the numerical profile.
- Evaluations of employees during the probationary period showed a decided "halo" effect* as compared with subsequent evaluations.
- A correlation existed between a department's reduced turnover and a supervisor's proper use of the evaluation procedure.
- In addition, 36 supervisors were asked specific questions:

  How do you use the present evaluation form?

  How do employees participate in the evaluation?

  What are some of the strengths and weaknesses of the evaluation form?
- Their answers revealed that the majority of supervisors used the form as a tool to conduct sound evaluation sessions at which the employees seemed to feel free to comment about their performance and ratings. Data illustrating the amount and type of employee participation was obtained. All 36 supervisors were satisfied with the present evaluation form, pointing out its ease of use and its advantages of latitude and flexibility. However, as weaknesses, they noted ambiguity, and difficulty in relating the list of evaluating factors to actual job performance.
- From the evaluation it was recommended that:

a. Stronger authority commensurate with responsibility be delegated to the immediate supervisor.

b. Inservice training sessions be conducted for supervisors to improve their evaluating skills.

Training Nonsupervisory Employees

As its initial approach to inservice training of regular employees, the Training Committee concentrated on the Central Supply Service, where 30 individuals were performing important work in preparing instruments and materials for patient care. Because of the spread of employees over three shifts, it had been impossible for the supervisory staff to provide the continuous close, personal supervision which it deemed desirable. This situation provided an ideal setting in which to conduct a pilot study to determine methods of improving the inservice training of these particular employees. It was decided to use this opportunity to evaluate the use of visual aids in the training program.

Assured of the supervisors' cooperation, the committee undertook development of the program as follows:

- A review of training aids already in use.
- Preparation of tests for the employees.
- Preparation of visual aids.
- Training in the use of aids.
- Evaluation through post-testing.

An initial survey showed that the only training aid used was a manual consisting of a series of file cards which listed items to be assembled on 57 different trays. However, its value was limited because of the low literacy level of some employees.

A questionnaire was administered to 28 employees to measure their general knowledge of the department's procedures and their attitudes toward supervision and training. With respect to their knowledge about the department's procedures, their grades ranged from 50 percent to 100 percent with an average (mean) of 83.2 percent. About half the employees had a grade of 90 percent or more. The remaining questions about attitudes toward supervision revealed that, although file cards were available, only one-fourth of the employees referred to them when they had a question about their work. The majority went directly to the supervisor. To the questions, "What did you find most difficult to do when you first started to work in Central Supply?" and "What took you the longest to learn?" most employees replied: "Memorizing the names of the items and the make-up of the trays."

Two visual identification tests were also used: In the first, 31 frequently used articles were tagged with numbers and held up, one at a time, for inspection by 17 employees. They were to write down the name of each article. Committee members helped employees who had writing or spelling difficulty. The results showed an average (mean) grade of 54.3 percent. Of the 17 employees, all identified 2 items incorrectly; more

*See page 22 for a discussion of the "halo" effect.

than half failed to identify 15 of the 31 items correctly. *No* item was identified by all.

For the second test, employees whose jobs have to do with the handling of trays were shown two frequently used trays. The trays were unwrapped and, for the purpose of the test, several articles were removed and the arrangement of articles disturbed. Each employee inspected the tray and was asked:

- To identify the set by name.
- Is the tray complete?
- If it is not, list the missing articles.
- Is the arrangement of the articles correct?

The employee was asked to answer these questions from memory and then, when finished, to check and correct his answers with the aid of the file cards.

After these employees were tested, the remainder of the employees (whose jobs do not involve making up the trays) were asked the same questions, but were given the file cards to use as an aid.

It was found that the employees who were familiar with the preparation of the trays, and who were thought to know the items and the arrangement from memory, did not recognize the absence of at least half of the missing or misplaced items. Use of the file cards did not appreciably improve their scores. The other employees, some of whom were expected to be able to understand the file cards and their use, also frequently missed the errors. Obviously, there was need for a better instructional and reference manual for the use of employees in Central Supply Service.

A new manual, consisting of photographs of each special tray, was developed. The items were numbered and arranged in the way in which employees are required to set them up. A legend showing the number and name of each item was pasted to the bottom of the photograph for ready reference. The manuals were displayed prominently and employees were instructed in their use by the supervisor.

An evaluation was carried out in a manner similar to the pre-test, but the new visual manual was substituted for the file cards. Results indicated that all employees can memorize more quickly, as well as follow directions more easily, by using the visual aid instead of the file cards. Also, fewer mistakes are made in arranging trays when the photographs are used.

This experience at St. Vincent's indicates that visual aids are more effective than the file cards in training and helping employees in this type of job performance. It was recommended that this same type of study be applied to other hospital departments with similar needs.

Summary

In exploring the area of personnel training, St. Vincent's Hospital carried out several efforts focused on furthering management and supervisory development and a pilot study of inservice training of nonsupervisory personnel.

The management development phase included a formal program to help supervisors apply basic supervisory skills. It consisted of 16, one-hour weekly sessions conducted in the conference technique of group discussion and emphasized the subjects of human relations and organization and management.

Workshops on "Improving Communications Through Listening" were also conducted, which were attended by administrators, department heads, and assistant department heads. Later, programs were also conducted for supervisors.

A third component was the self-development phase, an informal program accomplished through reading. The hospital provided a subscription to the publication *Supervisory Management* for all supervisors and department heads. This was supplemented with guide sheets calling attention to articles particularly applicable to St. Vincent's Hospital.

The efforts to evaluate these programs were carried out by a variety of methods with different degrees of success.

A pilot study was carried out to determine whether it was possible and effective to use supervisors for the training of other supervisors. Seven supervisors were selected and given training as discussion leaders, and they, in turn, successfully trained 79 other supervisors, using the conference technique of group discussion, with job performance evaluations as the main topic.

In another pilot study efforts focused on improving the inservice training of a group of employees in the Central Supply Service. It was found that visual aids prepared for the training program were more effective than the file cards formerly used.

CONCLUSIONS

As a result of these experiences, training has assumed an increased importance at St. Vincent's Hospital. The Training Committee's efforts have shown that

- It is possible to enlist the interest of supervisors in improving their supervisory skills. From the initial training, motivation for further training developed.
- The conference technique of group discussion not only was accepted by the supervisors, but the majority of them showed enthusiam for the method by their participation and comments on the evaluation.
- In the evaluation of the program, participants freely described the changes that had occurred in themselves and the areas in which they needed further improvement and development. Their decision to conduct self-directed problem clinics by the group discussion method further illustrates their response.
- With careful preparation, supervisors can develop as effective leaders in training their peers. The development encompassed preparation regarding content, method of training, and their emotional involvement. Because of the supervisors' limited experience a resource person should be available to provide information and insight as needed.
- Supervisors as a group accepted those on their own level as group leaders, 90 percent of them rating the leaders as excellent or good.
- Another measure of the results of the management development program in changing the attitudes of the supervisors toward employees and in their responsibility as supervisors was reflected in the evaluation conducted after the Performance Evaluation Form had been in use 2 years. In 1962 this appraisal of the use and value of the performance evaluation revealed that:

a. Among a sample of supervisors studied, the majority used the form as a tool to conduct sound evaluation sessions in which employees were encouraged to discuss their duties, performance, and rating. Objective evidence of the increased participation of employees was elicited.

b. A correlation existed between a department's reduced turnover and a supervisor's proper use of the evaluation procedure.

- Visual materials were found to be an effective aid in training a group of nonsupervisory employees. The pilot study suggests a methodology for studying and appraising inservice training programs in other areas of the hospital.

RECOMMENDATIONS

- Research is needed to find an objective method of evaluating change in the supervisory *skills* of supervisors.
- Pre-tests and post-tests are effective evaluation tools where change in level of knowledge is being measured.
- The test "How Supervise?" (The Psychological Corporation) is recommended only as an exploratory instrument to determine the specific needs for further supervisory training.
- In assigning supervisors to groups for training, it is recommended that there be a homogeneous grouping of participants based on education, training, and supervisory responsibility. For example, one group might include a supervisor of nurses, a supervisor of social case workers, a supervisor of dietitians, a supervisor of pharmacists, a supervisor of laboratory technologists, and a supervisor of therapists. Discussion was inhibited when the groupings were made up of supervisors who had wide ranges of differences in their levels of education and training or who supervised employees from different job levels.

Chapter VII

Role of the Supervisor

As was mentioned earlier in the description of the Personnel Research Project, one aim was to explore the possibilities of applying to a hospital some of the best management procedures developed for business and industry. The subject of supervision in a hospital was one which lent itself to this type of exploration.

One of the significant changes in management operations in industry in recent years has been the change in the status of the supervisor-foreman. Where formerly he was classified as the highest of the rank-and-file workers, now he has entered the management hierarchy at the lowest level. Through legislation beginning with the National Labor Relations Act of 1935, supported by decisions based on Section 14a of the Taft-Hartley Act, supervisors have been classified as part of management. They are legally excluded from bargaining in labor units and from minimum wage and overtime regulations. During at least 80 percent of their work week, they must be engaged in bona fide administrative or supervisory tasks performed under only general supervision. The former pace-setting worker-supervisor has been replaced by a management-oriented leader, basically responsible for: hiring, firing, training, evaluation, front-line morale, labor relations, and control of production, quality, and costs.

However, hospitals, exempt from these Federal laws and generally unaffected by the pressures of unionization of employees, have not been forced to change their concept of supervisors to conform to that of business and industry.

As Mr. Ray Brown, formerly President of the American Hospital Association has pointed out, "The development of good supervisors within the hospital is especially difficult. Many of the most important activities in the hospital utilize personnel with highly specialized training, and only individuals with equal technical training are competent to directly supervise their performance. This means that hospitals must choose their supervisors from the ranks of the technically tested but managerially untrained." [1]

As a result, the pattern in most hospitals has been to designate a working leader as a supervisor, responsible primarily for setting the pace and filling in as an emergency worker and reporting problems to his immediate supervisor, the department head. The high turnover and understaffing, commonly reported as major problems of hospital organization, produce additional work demands. These force the supervisor to act as a worker much of the time, filling in to help complete the work. Consequently, the real responsibility for the direct supervision of the work units is placed with the next higher level of management, the department head. Despite job titles and revised job descriptions in hospitals, this shifting role of the supervisor leads to confusion about authority and responsibility on the part of both the supervisor and the employees. Furthermore, it represents a waste of valuable resources to pay a higher supervisory salary in return for services of a lower salary level.

In the same article, Mr. Brown stated that, "Better supervision of personnel is the greatest need today in hospitals." Mr. Christopher of the Catholic Hospital Association has elaborated the need by indicating: "Today, supervision by chance is not enough. We must know what the job of supervisor is and what kind of persons, skills, and job knowledge this job requires. There must be

[1] Brown, R. E. "Better Supervision of Personnel Is Greatest Need Today in Hospitals." (See item 203 in Selected Bibliography.)

a standard of performance set for each supervisor in relation to it." [2]

At St. Vincent's Hospital, the need to clarify the role of the supervisor had become apparent during various aspects of the Research Project. For example, in a survey of employees' attitudes the question was frequently asked, "Who *is* my supervisor?" In the supervisory training program, pre-tests of supervisors had pointed to some serious needs in their understanding of principles of supervision.

On the other hand, the Personnel Research Project had stressed the importance of having supervisors participate in the recommended changes in management procedures:

- The Analysis of Turnover Committee strongly recommended that supervisors be educated to recognize the real causes of, and to prevent avoidable separations and discharges. In the final analysis, the continuous responsibility for the reduction of turnover must rest with the supervisors.
- The Selection Committee depended on supervisors' ratings as the criteria for validating its experimental selection tests.
- The Recruitment Committee placed on supervisors the responsibility for identifying and recommending employees with promotion potentials, to provide a reserve for filling higher vacancies from within.
- The Wage and Salary Committee depended on supervisors for the preparation and revisions of job descriptions on which classifications are made; for the objective evaluation of employees' performance as a guide in the merit increment decisions; and for evidence of the improvement of performance to justify the increases planned in the wage and salary program.

Objective and Definitions

OBJECTIVE

With these increasing demands on the supervisors, the Administration decided to conduct a study with the objective of *determining methods to improve the effectiveness of supervisors.*

To this end three studies were conducted over a period of a year:

- An Analysis of the Authority and Responsibilities of Supervisors (Spring 1959).
- A Survey of Supervisors' Reactions to Their Authority and Responsibilities (October 1959 and February 1960).
- A Repeat of the Analysis of the Authority and Responsibilities of Supervisors (January 1960).

DEFINITIONS

For purposes of clarity, it should be stated here that supervisory personnel are represented at different levels of the management hierarchy. If the hierarchy is visualized as a pyramid, the hospital administrator would appear at the apex while first-line supervisors would form the base. Immediately above would be the latters' supervisors, namely, the second-line supervisors, and so on, continuing toward the apex.

In this discussion, first-line supervisors will be referred to as supervisors. The second-line supervisors will be referred to as department heads. Also, the term "supervisor's role," as used here, will refer to the responsibility and authority of the first-line supervisor.

Methods and Findings

INITIAL ANALYSIS OF THE SUPERVISOR'S ROLE

This survey, which was adapted from a study of the American Management Association,[3] had three aspects. First, it sought to determine how each supervisor defined his responsibilities and authority as he saw them. It also investigated how the department head viewed the role of these same supervisors. And third, it sought to ascertain from the department heads their understanding of their own responsibilities and level of authority.

The information was obtained by means of a form which listed 35 specific actions. (See Appendix D, Exhibit 1d.) Each supervisor, using a six-point scale, rated the level of his authority for each action. A similar form was given to each department head, who, using the same rating scale, indicated *two* ratings: first, his own level of authority for each action, and then,

[2] Christopher, W. I.: "A New Year Audit of the Supervisor." (See Item 206 in Selected Bibliography.)

[3] Evans, Chester E. "Supervisory Responsibility and Authority." (See Item 211 in Selected Bibliography.)

again for each action, the level of authority of the supervisors who report to him. (See Appendix D, Exhibit 2d.) All supervisors and department heads completed the questionnaire.

An analysis of the responses revealed the following findings:

- Among the department heads there was general agreement as to their own level of authority and what they considered to be the supervisors' level of authority regarding specific actions. Apparently, department heads had clearly defined, in their own minds, their own degree of authority and responsibility for specific actions, and the degree of authority and responsibility which they delegated to the supervisors.
- The next comparison was with respect to the supervisor's level of authority as viewed by the department head and as viewed by the supervisors themselves. The results showed a *consistent* lack of agreement, i.e., supervisors, generally, report a little more authority and responsibilities for themselves than their department heads say they have.
- The *range* of disagreement between the degree of the supervisor's authority as he sees it and as the department head views it is considerable, i.e., on *60 percent of the specific actions the misunderstandings between supervisors and their department heads were tremendous.*

Discussion of the results with the department heads revealed that the questionnaires presented problems of semantics, and that some of the items were not applicable to the hospital. As a consequence, the form was revised and a followup survey conducted at a later date.

Nevertheless, the general findings were accepted as showing a need for departmental conferences to clarify "gray" areas. Nobody denied the basic assumption that, whatever the duties and responsibilities of a supervisor were, he and his department head should agree on the degree of that responsibility.

The problems delineated by the above surveys led to the following remedial recommendations:

- The questions of *general* policy regarding the authority and responsibilities of supervisors should be resolved by the Administrative Council. Specific clarifications must be made by the department head.
- The misunderstandings revealed in the surveys should be resolved in conferences between department heads and the supervisors who report to them.
- After the supervisors' responsibilities and authority are clarified a revision should be made of their job descriptions and the items on which their performance is to be evaluated.
- Preparation for any newly assigned supervisory responsibilities should require instruction and assistance by department heads and consideration in the supervisory development program.
- The survey should be repeated, using a revised questionnaire, to determine how much clarification of supervisory authority and responsibility has resulted from the recommended followup efforts.
- Another evaluation of the followup efforts should be conducted, based on an analysis of the number and type of revisions made in the supervisors' job descriptions.

Impressed by the survey results and the recommendations regarding the need to clarify the responsibilities of supervisors, the Administrative Council, in November 1959, established the following criteria for the position of supervisor:

- Normally, the inclusion of "Supervisor" in a job title shall be restricted to positions of first-line supervision of employees, in which the major task is the direct supervision of employees who actually carry on the work of the department. In certain professional positions, the established titles for the supervisory positions should be used (e.g., Chief Technician, Radiology; Chief, Clinical Psychological Services; Administrative Supervisor in Nursing).
- Second- and third-level supervisors shall use other appropriate management titles (e.g., Manager, Administrative Assistant, Department Head).
- To qualify as a first-line supervisor, an individual should normally be assigned to supervisory tasks for at least 60 percent of his time each week. It is understood that second- and third-level supervisors will normally give full time to supervision and management.
- The responsibilities of first-line supervisors should include:

1. Selection, evaluation, separation, and promotion of all assigned employees (may require confirmation by the department head, which normally will be automatic);
2. Planning, scheduling, and directing for efficient utilization of personnel, space, and equipment;

3. Orientation, training, development, and safety of personnel;

4. Improvement of work performance (quality and quantity), job satisfaction and morale, and staffing;

5. Reduction of costs;

6. Reduction in number of unanticipated crises;

7. Establishment of performance standards for all positions under him;

8. Recommendations for revisions of work assignments and job descriptions;

9. Scheduling of work and vacations, keeping within the hospital and departmental regulations and the job description;

10. Participation in budget planning, and adherence to approved budgets; and

11. Action on or channeling of suggestions and grievances of employees in his unit.

A SURVEY OF SUPERVISORS' REACTIONS

At two supervisory development conferences, in October 1959 and February 1960, first-line supervisors completed unsigned questionnaires regarding their responsibilities and authorities. In the first survey a sample of 48 supervisors (about half) participated; in the second survey 78 (about three-fourths) participated. They were asked:

- What do you consider the most important responsibility of a supervisor?
- Which, if any, of these responsibilities are you not able to meet as fully as you wish?
- If there are any responsibilities that you cannot meet fully, why?
- What percentage of your time have you been spending on an average during the last month on supervisory tasks? (e.g., planning, orienting, training and evaluating, and handling personnel and work-flow problems).
- Has your department head discussed with you, in the *last 3 months*, your duties, your title, or the allocation of your time?
- If you and your department head have had conference(s), what were the outcomes of the discussions?
- What further clarifications of the supervisory role, if any, would you like?

The following is an analysis of the findings of these surveys, comparing the responses in October with the later responses in February :*

- The supervisors' responses indicated an expanded understanding by supervisors of their authority and responsibility at the time of the later survey. The items they enumerated represented actual supervisory tasks.
- In each survey, about half of the supervisors reported at least one responsibility they were *not* able to carry out as fully as they wished they could. This frustration may result from supervisors having been given formal training which was not given to department heads. Another factor may be the unavoidable lag in the time necessary to put changes into effect without chaos.
- In the first survey, 75 percent of the supervisors attributed this frustration to "insufficient time" or "shortage of staff." In the second survey, this figure had dropped to 40 percent. These changes in attitude may have resulted from two forces—the efforts of department heads to solve the problems reported by the supervisors, and a growing understanding by supervisors of their responsibilities.
- The number of supervisors reporting conferences with their department head showed an increase from 50 percent to 60 percent.
- Among the supervisors reporting conferences with department heads, the number who reported specific positive outcomes increased 49 percent.
- With respect to the need to further clarify the supervisor's role, the percentage who indicated they needed no further clarification increased 37 percent.
- An analysis was conducted to determine whether the supervisors who had *not* held conferences with their department head were so clear in their understanding of the supervisor's role that they did not need conferences. This was not so. Of the supervisors who reported no conferences with their department heads, 40 percent specified clarifications they needed, as compared with only 17 percent among those who had conferences.
- In the 4-month interval, the amount of the supervisor's time which was spent in performing supervisory duties increased from a median of 50 percent to 70 percent.
- The percentage of supervisors who were devoting 60 percent or more of their time to supervisory duties increased from 38 percent to 66 percent.

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*Because of the difference in the size of the two samples, all data is reported on a percentage basis.

REPEAT ANALYSIS OF THE SUPERVISOR'S ROLE

As has been recommended earlier, 10 months after the initial survey of the responsibility and authority of supervisors, another survey was conducted. At this time, a revised form was used in which items on the previous questionnaire were condensed, expanded, or eliminated, depending on their applicability. The number of specific actions to be rated were reduced from 35 to 24.

The scale for rating levels of responsibility had been reduced from six to four. Added were questions regarding the amount of time spent in supervision and the number of employees supervised. The same form was used for the supervisors and the department heads.

Only two indications were sought: The supervisors indicated their level of responsibility for each action; and the department heads indicated the level of responsibility at which their supervisors were supposed to act. (See Appendix D, Exhibit 3d.) An analysis of the responses revealed:

- An increase in the reported time spent by supervisors in performing supervisory tasks.
- Increases in responsibility were reported for all 24 supervisory duties.
- A general agreement (which was not true in the first survey) between supervisors and their department heads regarding the amount of time spent by supervisors in supervision. However, the department heads reported slightly less time for their supervisors than the supervisors did for themselves.
- As a group, the supervisors reported they had 70 percent of the total responsibility for 24 selected actions; however, individual supervisors ranged from 4 percent to 100 percent on the responsibility level.
- Department heads showed disagreements with their supervisors' levels of responsibility, averaging 17 percent for the group and ranging from 1 percent to 46 percent among departments, with some serious individual disagreements evident.
- Selection and hiring appeared as a responsibility of only 56 percent of the supervisors.
- Twelve percent of the supervisors had no responsibility for the preparation and approval of vacation schedules.
- Fourteen percent of the supervisors had no responsibility for planning, scheduling, and directing for efficient utilization of space, personnel, and equipment.
- About one-fourth of the supervisors were directly supervising 1 to 5 employees, another fourth supervised from 26 to over 40 persons, and about half supervised anywhere from 6 to 25 employees.

Although the findings had indicated a general improvement, there were still some areas of supervisory responsibility in which further clarification and development of policies were indicated. It was suggested that:

- Conferences at the department level be held to clarify the misunderstandings of department heads and supervisors. The completed questionnaires should be returned to the respective departments as a basis for these discussions.
- A management development program be developed for department heads, since the informal program was apparently not adequate for them. Orientation to and assistance in the philosophy and techniques of delegation of responsibility, training of supervisors, the authority and responsibility of supervisors, and the clarification of job descriptions of department heads seem to be needed by perhaps half of the department heads.
- The span of control of each supervisor needs to be studied. Management advisors have pointed out that the number of employees that can be supervised directly varies with the skill, technical and professional levels of the work, physical spread of the work area, spread of workers in shifts, and presence of other means of control and evaluation of work. However, they also suggested that normally a work unit of fewer than 10 should not require a full-time supervisor, and groups of over 25, unless physically within eye range and doing simple repetitious or machine-tending operations, are too large for adequate supervision by one person. The introduction of working assistant supervisors with functional titles of "Senior" or "Head" will permit full-time supervisors to assume responsibilities for more than one of the work units that are too small for a supervisor of their own. Supervision is a level and kind of responsibility; it does not require constant physical presence, as long as controls are maintained and provision for possible emergencies have been planned, communicated, and tested in advance.

Some of the suggestions were applied when received, others were planned for the future.

When the Personnel Research Project ended in March 1960, St. Vincent's Hospital reported evidences of further improvement:

- The number of positions with supervisory titles was decreased more than 25 percent.
- *All* supervisors were spending at least 60 percent of their time in supervision, and the median time spent was fast approaching 80 percent.
- Responsibilities for supervisory duties had increased an average of 20 percent.
- Job descriptions for all the positions with the title "supervisor" have been revised, the jobs reclassified, and salaries adjusted.

Summary

In their efforts to determine methods to improve the effectiveness of supervisors, St. Vincent's Hospital applied the survey technique.

Three surveys proved helpful in analyzing and clarifying problems related to the responsibility and authority of supervisors. The first of these surveys aimed at eliciting three points of view regarding supervisors' authority and responsibility: (1) the supervisors' view of their own responsibilities; (2) the department head's view of the responsibilities of the supervisors who report to him, and (3) the department head's view of his own responsibilities. A questionnaire which had been adapted from one successfully used in industry was used. When it was applied to a hospital, however, several shortcomings were encountered. As a result, it was revised and later used successfully in the third survey. Nevertheless, the first survey did pinpoint a number of problems, for which specific remedial actions were instituted. Principal among the problems was the lack of agreement between the department head's view of the supervisor's role, and the supervisor's own view of his role. On the majority of the specific supervisory duties, the amount of disagreement was found to be considerable.

Two of the measures instituted to correct the problems were the establishment by the Administrative Council of a "Criteria for Designation of Job Title, Supervisor," and encouragement of conferences between department heads and supervisors to help correct the disagreements regarding the role of supervisors.

The second survey was accomplished by means of a questionnaire administered to two sample groups of supervisors at 4-month intervals. Seven questions were asked which aimed to determine the supervisors' *reactions* to their responsibilities and authority. The 4-month time lapse afforded an opportunity for measuring any changes which occurred. The findings showed that an increase had occurred in almost all areas of inquiry, such as the amount of understanding of the supervisory role; the amount of time spent in performing supervisory functions; the number of supervisors who had held conferences with their department heads; and the productivity of these conferences.

The third survey represented another effort to analyze the responsibility and authority of supervisors. It was essentially a repetition of the first survey, but conducted this time to determine the amount of change which had transpired. Supervisors and department heads participated; but, this time both limited their responses to indicating the level of authority and responsibilities of the supervisor. A revised form was used to obtain the information, which pointed up some general improvements and needs. The major improvements were seen in the increased amount of time supervisors devoted to supervisory functions. There was still some disagreement between department heads and supervisors regarding the supervisors' level of responsibility and authority. The data did reveal particular areas needing improvement and the departments with the greatest needs.

Suggestions for remedying the problems were advanced; some were instituted with resultant improvements noted. The most significant improvement was that one year after the first of these three surveys all the supervisors were spending at least 60 percent of their time in supervisory tasks.

CONCLUSIONS

- Several surveys of supervisory roles provided the basis for developing guidelines for an effective program of supervisory development at St. Vincent's Hospital.

- The survey technique proved its value in a dual function: as an aid in diagnosing problems and as a tool for evaluating change.

- The technique of obtaining hospital-wide data as a basis for policy and program development, and the process of reporting back specific findings to the department heads for appropriate action have been demonstrated as effective methods of achieving rapid improvement in supervisory function.

- The translation of research findings into policy and program changes by top administrators is essential to an effective program of supervisory development. Prompt action helps to avoid confusion and conflict and to accelerate supervisory development.

- Programs for the development of supervisory personnel must be accompanied by simultaneous prgrams for the development of department heads.

- Programs found to be effective in studying the role of supervisors in industry and business need thorough examination before they are applied to a hospital.

RECOMMENDATIONS

- St. Vincent's Hospital recommends that surveying supervisors' perceptions of their responsibility and authority, their reaction to their responsibility and authority, and their understanding of the department heads' responsibilities is a valuable tool in diagnosing supervisory problems. Such surveys followed by remedial measures such as defined policies, conferences about responsibilities, and comprehensive job descriptions are an effective method of bringing about improvements in the performance of supervisory functions.

- The survey technique with the feedback of findings and recommendations to supervisors, department heads, and to top administration is recommended to assure that change will be effected.

- The revised "Supervisory Responsibilities Questionnaire" could be adapted for use in other hospitals, preferably in separate forms for supervisors and department heads to simplify the instruction on each form.

- Surveys of the authority and responsibility of supervisors should be conducted annually as an indicator of any problems or changes which may occur.

Chapter VIII

Morale of Nonsupervisory Employees

As mentioned earlier, the basic objective of the Personnel Research Project was to determine how to improve employee satisfaction and performance so as to improve patient care without increasing costs. In the previous sections of this report, the efforts directed toward this goal have been described, particularly with respect to employee performance. To fully achieve the objective, there remained a need to study and measure employee satisfaction. It was decided to study employee satisfaction as part of a study of morale. The staff was confronted with the subject of employee morale and the many problems related to research in this area.

Beginning in the late 1920's with the Western Electric Company's Hawthorne studies, business and industry have been concerned with the effects of employees' work attitudes on their productivity. The Hawthorne study showed that "*the feeling of belonging (attitude) is more important in determining a worker's morale and productivity than the physical conditions under which he works.*" [1]

It is generally agreed that levels of motivation and morale are the result of the total work situation and of many overlapping dynamic interrelationships. How, then, does one measure morale or the attitudes which reflect morale?

A survey of 132 representative companies by the Bureau of National Affairs indicated that 100 percent of the larger companies and 90 percent of the smaller companies used some sort of employee satisfaction appraisal. The report states: "The respondents were almost unanimous in rating *three non-wage factors—job security, opportunity for advancement, and good supervision—as essential to employee satisfaction.*" [2]

In an earlier study, the National Industrial Conference Board found that about 28 different items, representing aspects of morale, were included in questionnaires or interviews reported by representative companies. These items ranged from the "worker's feelings about his job" to whether there was "an opportunity for the worker to participate in decisions affecting his job." [3]

The many researchers who have focused on efforts to define morale and establish criteria for its measurement have yielded a variety of points of view and suggestions. The works of Argyris, Hughes, Ross, Child, and others, [4] were reviewed in an effort to establish guidelines for the study at St. Vincent's Hospital.

From these reviews it was concluded that the present knowledge about the complex nature of morale is incomplete. High morale is usually found with high production, although the contrary is not always true. A clear definition of morale is lacking, as well as agreement on the importance of the various factors that relate to this complex of individual and group attitudes.

In practice, St. Vincent's Hospital found that each investigator must define "morale" in the most useful way for his research purposes, using the basic knowledge that has accumulated from

[1] Roethlisberger, F. J., and W. J. Dickson. *Management and the Worker.* (See item 233 in Selected Bibliography.)

[2] "Is Everybody Happy?—Employee Job Satisfaction in 132 Companies." (See item 229 in Selected Bibliography.)

[3] Raube, S. Avery. "Experience With Employee Attitude Surveys." [*Studies in Personnel Policy* 115.] (See item 231 in Selected Bibliography.)

[4] See items under Morale in Selected Bibliography.

previous research. This approach necessarily limits the conclusions and the opportunities for meaningful comparisons of findings with those of other investigators who use different definitions and criteria for morale. Unfortunately, this is a handicap inherent in each emerging aspect of behavioral science.

For the purpose of this study, morale was defined as the attitudes of employees with respect to: image of the hospital, job satisfaction, job security, supervision, and communication.

Objectives and Methods

OBJECTIVES

The objectives of the study were twofold: (1) To measure the morale-indicating attitudes of nonsupervisory personnel, and (2) to develop and evaluate an instrument and procedure that other hospitals could use or adapt to study the morale attitudes of their employees.

METHODS

Two surveys of employees' morale were conducted by means of a questionnaire administered at intervals of 8 months. In the design of the study, the following principles were approved as basic guides:

- The questionnaire should seek measurable, significant reactions of employees to the hospital and to their work.
- Every possible precaution should be taken to assure each employee that his response would not be identifiable (e.g., unsigned, no identification of job title, length of service, or handwriting; questionnaires completed outside of departments and not in the presence of supervisors or department heads; study would be under the control of the Personnel Research Staff who would reveal only summarized statistical findings and then destroy the questionnaires).
- Each employee should receive a clear oral and written interpretation of the purpose of the study.
- The Employee Committee (made up of elected departmental representatives of nonsupervisory personnel) and the supervisors should be invited to participate in the final editing of the questionnaire and kept informed of the progress of the study.
- The Administrative Council would approve the questionnaire in terms of the appropriateness of the questions and conformity to hospital policies.

The five aspects of morale were surveyed by means of 11 questions. Two of these were open-ended to permit employees to express their attitudes and specific reactions while avoiding leading questions in the areas of wages, special benefits, and conditions peculiar to certain kinds of work on certain work units. The questionnaire was arranged to probe the attitudes of nonsupervisory personnel in the following manner:

Morale Areas

	Question Number
Image of the Hospital	
Pride in association indicated by employee's rating of hospital's level of patient care	I
Interest of hospital in employees	IX
Job Satisfaction	
Degree of liking of job	II
Willingness to leave job for a similar job	III
Specific likes (open-ended question)	X
Specific dislikes (open-ended question)	XI
Job Security	IV
Supervision	
Fair treatment	V
Approachability for assistance	VI
Communications	
Up-channel (grievances, complaints)	VII
Down-channel (from supervisor, clarifications)	VIII

This questionnaire is presented in Appendix E, Exhibit 1e. For nonliterate employees, an Oral Presentation Form was developed; for the Spanish-speaking population, the questionnaire was made available in Spanish.

This questionnaire was tested with a pilot group of office and laundry workers. Following the pilot survey, the nonliterate form was discarded because it was found that the nonliterate employees could be included in the survey by having another employee, whom they selected, read the questions to them and enter their responses on the English or Spanish form.

To improve the freedom of employees to respond, a uniform procedure for administering the questionnaire was followed. Small groups of employees, not larger than 30, from different departments, were scheduled for each session. The Personnel Research Consultant was in charge so as to identify the survey with the well-publicized Personnel Research Project rather than with the

hospital administration. Employees placed their completed questionnaires in "ballot boxes" which remained in the custody of the research staff.

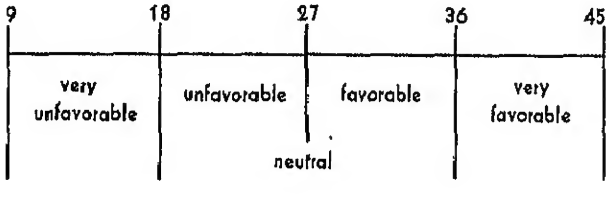
Questionnaires were identified only by departments. Statistical summaries were made available to department heads, with departments identified only by code letters, so that any department head could locate his own employees' reactions, summarized statistically; but he could not identify any other department. The original unsigned questionnaires were then destroyed as promised.

The survey was completed over a 3-week period during six half-hour daily sessions, including special periods for evening and night employees. The responsibility for scheduling employees was delegated to the department heads. On the average, employees spent 8 minutes completing the questionnaire.

Of the nonsupervisory employees, 554 (47 percent) participated in the first survey and 736 (64 percent) in the second survey. In each group, 7 percent of the questionnaires was invalidated because of incompleteness of multiresponses.

FINDINGS

Scoring of each question was done on a 1 to 5 point scale, with 1 the lowest morale score and 5 the highest morale score. Thus, a morale index could be found by totaling the scores on the 9 structured questions, with a possible morale index range of 9 to 45. For convenience, the findings were generalized, using the following scale:



The total scores to the nine structured questions were analyzed to arrive at a combined morale score and then analyzed with respect to each item of the questionnaire with the following results:

1 morale index was high:
s rated morale as
later this

1 factors
of the

● *Job security*—This was the most surprising finding to the administrators, namely, that 35 percent of the employees indicated they were *not* too sure of keeping their job. Eight months later, this figure was relatively unchanged.

● *Communications* included the freedom to voice complaints or grievances (up-channel) and the degree of clarifications from supervisors to subordinates (down-channel). Seventy-five percent of the employees rated these areas as favorable or very favorable. Eight months later the figure did not change significantly.

● *Job satisfaction* and *image of the hospital* were both rated as favorable or very favorable by a sizeable number of employees. Eight months later a significantly larger number rated it so.

● *Supervision*, i.e., whether employees felt fairly treated by supervisors and whether they felt comfortable seeking assistance from the supervisors, was rated as favorable or very favorable by more than 85 percent of the employees. Eight months later the number who rated it so decreased significantly.

Evaluation of the Questionnaire

The above findings led to questioning along several lines: Why had the ratings of some items shown decreases or remained unchanged 8 months after the first survey? Why did so few employees feel secure about their jobs? Were these results due to unknown influencing factors within the hospital, or were they due to a deficiency of the questionnaire?

To answer these questions the following analyses were made: correlations between the morale index and the five factors of the questionnaire; a study of data on a departmental basis; and comparisons of findings between departments having 100-percent participation of employees and those with less participation.

CORRELATIONS

Correlation tests were applied to determine whether each of the factors had an equal influence on the morale index (total score). The results showed a high relationship between the morale index and the three factors: *communication*, *job satisfaction*, and *job security*. However, two items, *image of the hospital* and *supervision*, did not show a similar relationship. Yet, other studies of

morale have found a high relationship between these two items. Analysis revealed an explanation for the occurrence. The score for *image of the hospital* was made up of scores on two elements, one of which was the employees' attitude about the hospital's interest in employees. The correlation between the morale index and image of the hospital did not represent a true relationship. It was influenced by changes in attitudes which were taking place among employees as a result of their knowing that they were being studied and, consequently, that the hospital was interested in their feelings and attitudes. Thus, the *amount* of change on one-half of the question was disproportionate to the amount of change reported for the second half of the question. Thus, the results produced by the whole question did not fluctuate correspondingly in relationship to the other factors.

Similarly, the correlation between the morale index and supervision did not represent a true relationship because of the rapid changes which were taking place in the hospital with respect to supervision, especially the planned increase in the authority and responsibility of supervisors. (See Chapter VII.)

In view of the high relationships found by other studies, and the explanations for the above occurrences, the researchers reported that both factors (i.e., *image of the hospital* and *supervision*) can be justifiably included in studies of factors affecting morale.

Factors Affecting Job Security

The problem of *job security* was studied in depth through reviewing again the findings of the earlier turnover data obtained in 1958 and 1959. At the time, some employees who had been terminated felt the action was arbitrary. In addition, others who left—giving such reasons as "transportation difficulty," "for better job," "no reason given"—indicated, in terminal interviews, unhappy work experiences that undoubtedly were communicated to other employees and served to raise doubts about their own job security.

The survey also revealed the existence of a hospital policy against giving written warnings to employees. Some supervisors and all department heads had the authority to discharge, with no provisions for appeal. These policies and practices were remedied. A new grievance procedure was instituted and published in the employees' handbook giving each employee the right to appeal, through management channels, to impartial arbitration. Departments now record oral warnings and issue written warnings for unsatisfactory work or behavior. Periodic employee evaluations, made in conferences with employees, are becoming more objective and more constructive. Clearly, situations within the hospital had produced the findings and not a deficiency in the questionnaire.

EFFECT OF CHANGES

Similar findings were revealed with respect to the questions on communications and supervision, both of which are intimately related. The two morale surveys were made during a period of rapid changes in the understanding and functions of supervision and planned increases in supervisors' authority and responsibilities. While supervisors were changing their roles, employees were changing their concepts of what a supervisor should be from department to department in varying degrees. Such changes required new adjustments on the part of all concerned—adjustments, which, of necessity, are slow to develop to a level of mutual understanding and harmonious relationships.

An example appears in a comparison of the level of morale measured in Department X in which workload and staff were constant, wages increased generally, and work conditions somewhat improved. Still, morale declined significantly. The one important change in that department was the elevation of the assistant supervisor to full supervisor, with the former supervisor promoted to a more responsible position. Investigation revealed that a shift in loyalty to the new supervisor was not taking place, that he was thought of as "cold" and as a "driver," while the former supervisor was considered "hard working," "friendly," and "very fair," "expecting a reasonable day's work, but not driving all the time." That the questionnaire revealed the effects of this development in supervision and communication suggests the usefulness of the instrument.

The results of the morale survey coupled with the above analyses proved the value of the questionnaire as a tool in measuring morale. As with all instruments the results need to be carefully interpreted.

While the open-ended questions X and XI are not related statistically to the nine structured responses, they are specific indicators of positive and negative attitudes relating to work and the hospital. Employees presented favorable and un-

favorable comments regarding the hospital and their work; 8 months later the number of comments had decreased. Sample interviews explained the decrease, namely, a disinclination to repeat comments reported previously. About 10 percent of those interviewed also indicated resentment that nothing had been done as a result of their previously reported reactions. Among the favorable reactions, the most frequently cited were: satisfaction in giving patient care, friendly atmosphere, cooperative coworkers, and interest in the work itself. The most frequently mentioned dissatisfactions were: inadequate salary, poor cooperation, and inadequate staffing.

The open-ended questions fulfilled their purpose—to permit employees to extend the definition of morale as they saw fit and to provide an opportunity for them to report their satisfactions and grievances, anonymously. The procedure followed assured transmittal of their comments to higher administrative levels in a summarized form in which no individual could be identified.

Summary and Conclusions

In an effort to measure employee satisfaction at St. Vincent's Hospital, two surveys of the morale of nonsupervisory personnel were carried out 8 months apart. A questionnaire, which included nine structured and two open-ended questions, was developed to probe attitudes in five areas considered to influence morale, namely: image of the hospital, job satisfaction, job security, supervision, and communications.

Prior to the survey, the questionnaire was approved by the Administrative Council and its purposes interpreted to all employees. Employees were assured of freedom to respond by: identifying the survey with the research project rather than with hospital administration, identifying the questionnaire only by department, and by assurance that the original questionnaires would be destroyed after they were statistically summarized.

In the first survey 554 (47 percent) of the nonsupervisory employees participated; in the second survey 736 (64 percent) did so.

Even though morale was high at the time of the first survey, 82 percent rated items as very favorable or favorable; this figure increased significantly to 88 percent on the second survey. The greatest improvement was shown in the question regarding the interest of the hospital in employees. Seventy-nine percent of the employees rating this favorable or very favorable compared with 88 percent who rated it so on the second survey.

The findings also showed that while morale was consistently high, there were significant differences in some of the factors measured—image of the hospital, job satisfaction, job security, supervision, and communication—and among departments.

These differences were studied and explanations were found for them in the existence of policies and practices which negatively influenced morale. Remedial measures were instituted.

The improvement in employee morale in the second survey was related to the various programs being carried on as part of the Personnel Research Program.

The various analyses and correlation studies proved the questionnaire to be an effective instrument for appraising the morale of nonsupervisory employees.

RECOMMENDATIONS

- A morale survey of hospital employees is recommended as a means of discovering employees' attitudes toward their jobs and the hospital.
- The five factors selected for the survey questionnaire seem to cover the important areas of work attitudes. Another hospital adapting the form, might add a question, because 10 questions would give a more understandable index based on scoring in units of 10. The additional question might relate to physical conditions of work, opportunities for advancement, or cooperation of coworkers. It is recommended that the open-ended questions be included, despite the fact that they do not lend themselves to statistical analysis. To compile them for a summarized report requires an editor with knowledge and judgment in personnel relations.
- It is also recommended that in planning a morale survey:

1. The purpose of the study, the protection of the anonymity of respondents, and the intention to use the results constructively should be communicated freely, in advance of the study, to all administrators, department heads, supervisors, and employees.

2. The form should be edited for policy and usefulness by representatives of employees on all levels, and it should be tested with a representative sampling of employees to determine the clarity of instructions, the average time required, and the attitudes of employees to the questionnaire and to the procedure.

3. Employees with less than 3 months' experience should be excluded from the survey.

4. Scheduling should be planned and then followed to insure as close to 100 percent participation as possible. It is preferable that employees from several departments attend each session to increase their confidence that their unsigned forms cannot be identified once placed in the "ballot box."

5. Someone not directly connected with the hospital administration should conduct the survey sessions—not an administrator, department head, or supervisor. A consultant, employee representative, or resident in hospital administration might convey confidence to employees.

6. The morale survey should not be given during or right after a vacation, pay raise, or period of employee tension.

7. A report on the findings should be prepared promptly, coded to disguise departments, and distributed. The employees' original questionnaires should be burned, as promised.

8. Findings from the survey should lead to constructive measures to solve the problems uncovered, so that employees know that *something* was done as a result of the survey.

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Chapter IX

Reducing Status Tensions of Nurses' Aides

As a result of the morale survey of nonsupervisory personnel at St. Vincent's Hospital, one conspicuous finding was revealed. While the morale of most of the employees measured high or extremely high that of nurses' aides, as a group, scored significantly lower. Among nurses' aides only 71 percent reported attitudes as favorable or very favorable, compared with 82 percent of all employees surveyed.

This finding was emphasized by an incident that indicated a morale problem had developed among some nurses' aides. It had been decided to change the job title of nurses' aides to Hospital Aide and to expand their duties to include helping pantry maids in preparing meal trays and washing dishes, without increasing their hours of work. When this decision was announced, there was such a strong, concerted opposition to the change in title by nurses' aides that the plan was dropped. Although the plan would not have changed their duties significantly, since they had been helping to serve meals to patients and they had been washing juice glasses and some dishes, they did not want to change their job title to hospital aide. Furthermore, they were willing to make an issue of it.

While turnover of nurses' aides was not high (34 percent in 1958, compared with a rate of 61.8 percent for the hospital) it presented a special problem. Of the 19 nurses' aides who had prior to the study, 37 percent period, having l's investment rientation, sug nonproductive hose who left t. The separsonnel for patient care that could not be relieved until another class could be recruited and trained.

The turnover of new nurses' aides, despite a careful selection and training program, was interpreted as an indication of strong job dissatisfaction among some of the aides.

At the request of the hospital administrator, an investigation of reasons for and effects of these attitudes was conducted by the Personnel Research Council. The procedures and findings are analyzed here in some detail because confusions arising from changing duty assignments among nurses and nurses' aides are presenting similar problems at many other hospitals.

Some elaborations and insights into these problems have been reported by various authors and researchers who have discussed the dynamics involved in the emergence of the role of nurses' aides and their relationship to the hospital.

As was pointed out in *The Give and Take in Hospitals*,[1] "The nursing auxiliaries were not always greeted with kindness. In some hospitals they were given uniforms to wear which resembled those of maids and they were treated as housekeeping employees. They had to fight for the right to wear white uniforms (symbol of the medical worker in our society), for adequate technical training, and for broader opportunity to use their skills. . . ."

Both McManus [2] and Argyris,[3] in their re-

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[1] Burling, T., E. M. Lentz and R. N. Wilson. *The Give and Take in Hospitals.* (See item 238 in the Selected Bibliography.)

[2] McManus, R. L. "Nurses Want a Chance To Be Professional." (See item 242 in the Selected Bibliography.)

[3] Argyris, Chris. *Diagnosing Human Relations in Organizations.* (See item 236 in the Selected Bibliography.)

spective studies, concluded that the emergence of nurses' aides as members of the health team had provoked concerns and anxieties among professional nurses. These concerns were essentially related to the insecurity they felt as they faced the prospect of becoming supervisors of the auxiliary personnel, a function which they neither desire nor feel equipped to handle.

Objective and Methods

In the light of these reports, St. Vincent's Hospital decided to attack the problem by means of a study which had as its objective: *to determine an effective method of solving the problems of morale among nurses' aides.*

The study employed the following approach: (1) exploration and analysis of the problem; (2) application of a remedial program based on findings; and (3) evaluation of results.

Exploration and Analyses of the Problem

The exploration and analyses of the problem had three aspects: (1) a study of attitudes of nurses' aides, (2) a study of the views of student nurses and staff nurses regarding the role of nurses' aides, and (3) a parallel study with a select group of nurses' aides.

EXPLORATION OF THE PROBLEM AMONG NURSES' AIDES

Background of the Nurses' Aides

In a review of the background of the 116 nurses' aides at St. Vincent's Hospital, the following was noted with respect to educational background: Although high school education or its equivalent is required *now* of all new nurses' aides, *some* of those employed 2 to 10 years ago (47 percent of all the aides) have less formal education. Eight of the more recently employed have had some college education. Of the total group: 13 percent have an eighth-grade education or *less*; 32 percent have completed first, second, or third year of high school; 48 percent are high school graduates; 7 percent have completed one, two, or four years of college.

This is a broad range of educational background for an entry position. It may not represent a similar range of ability because in some cases the limited eduaction may have been due to a limitation of opportunity rather than a limited ability to learn.

An analysis of the previous employment experience of the nurses' aides indicates that about a third of the group had upgraded themselves, while another third had descended the occupational status ladder.

The Attitudes of the Nurses' Aides

The research staff decided to begin the investigation with an exploration of the attitudes of nurses' aides through discussions introduced into their weekly inservice training meetings. This method seemed preferable to written attitude scales or a series of individual interviews with all or a sampling of the nurses' aides because of the following considerations: (1) the wide range of educational experiences could affect measurements of written responses; (2) in a long interview, the investigator might influence the attitudes being studied, which was less likely during informal communications; (3) the attitudes to be investigated were strong and complex; (4) it was important to avoid suspicion or distrust that might be aroused by a special meeting or by an unfamiliar survey technique.

The feedback group-discussion technique in the familiar scheduled setting was used to start the investigation. The investigator, a consultant psychologist and management consultant for personnel research, was introduced as an "outsider" who was making a study for the hospital. The study was presented as a continuation of the hospital-wide morale study that had been explained and conducted recently. The supervisor who conducted training of the nurses' aides left the room after assuring the aides they would help the hospital and themselves by discussing their experiences freely.

The investigator accepted the advantages of being a sociological stranger and conducting an "unofficial" discussion with unidentified participants.

At the first meeting, three basic "neutral" questions were discussed: "What does a nurses' aide do?" "Who gives here orders?" and "In what way can the job be made better, so that patients will get ever better service and so the jobs will be

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more satisfying and will attract and keep better nurses' aides?"

Their first discussion, in which almost half the aides participated with gradually increasing candor and enthusiasm, revealed general agreement on four strong attitudes:

1. The aides were deeply concerned about their responsibilities in patient service.

2. They received orders and work assignments from too many people.

3. They were required to do work which they felt they should not be expected to do, and

4. They were offended by the behavior of (most frequently student) nurses, which they interpreted as attacks on their status.

Grievances were presented without rancor, and when an aide made an extravagant statement, others would moderate or explain the point. Questions about wages and rotation schedules were raised, but these grievances were not strongly presented nor generally supported. Resentment focused on the importance of their work with patients and the frustrations they faced in trying to do their job. Theirs was a noble discontent. They were only asking for what was "right" for patients and "fair" for themselves.

At the second meeting the aides enumerated in open session all the duties they performed. The result is the most complete job description available and was approved by the nursing department with two restrictions noted in the footnotes on the list below.

The job description described duties in four classifications—*routine nursing services*, *comfort and hygiene of patients*, *maintenance of patient area and equipment*, and *messenger services*. This classification provided a convenient reference to the total job, since the aides understand their elaborations of the specific duties under each of these categories.

Tasks Reported by Nurses Aides as a Job Description

I. Routine Nursing Services

- Temperature, pulse, respiration of all patients, simple charting, weighing.
- Blood pressure.
- Enemas, urine testing; A.M. and P.M. care.
- Intake and output records.
- Feeding patients, tube feeding.
- Assisting nurse or doctor with a critically ill patient.
- Receiving and assisting in discharge of patients.
- Hot and cold packs, certain binding and bandaging, assisting nurse in changing bandages.
- Sitz baths, soaking, back rubs.
- Explaining oral hygiene.
- Care of special skin, foot problems and pediculosis.
- Post-mortem care.
- Care of isolation patients.
- Assisting with intravenous treatments.*
- Suction treatment.**
- Restraint of patients.
- Assists with:
  - Postoperative bedside care and observation.
  - Special bedside care (comatose, epileptic, suicidal).
  - Preparation of patients for operations.
  - Posturing and traction.
  - Rehabilitation (walking and exercising, etc.).

II. Comfort and Hygiene of Patient

- Bathing.
- Oral hygiene.
- Changing beds.
- Water for drinking.
- Back rub.
- Comfort devices.
- Feeding.
- Care of hair, nails.
- Shaving.
- Juices.
- Denture care.
- Flowers.
- Comfort of visitors.
- Interest in and friendly attitude toward patients.
- Answer buzzers, questions.
- Talk to patient and listen.
- Errands for patient.
- Phone calls.
- Distribute mail.
- Read letters.
- Write letters.
- Turning patient.
- Religious observances.
- Translating.
- Bed pans.
- Urinals.
- Check in and out patients' clothing and valuables.

III. Maintenance of Patient Area and Equipment

- Cleanliness of patient bed area:
  - Utility and treatment room.
  - Kitchen and pantry.
  - Dishes and glasses.
- Sterilizing instruments
  - Care of bedside stand
  - Disinfect beds
  - Clean wheel chairs
  - Clean cabinet shelves
  - Clean up trays, thermometers, etc.
- Stationary unit
- Stretcher and closet
- Linen closet
- Intravenous stand
- Dressing cart
- Medicine carts

Footnotes on following page.

IV. Messenger Services

Patients

X-ray	Oral Surgery
Rehabilitation	Conference
Transfer	Eye Clinic
Photographer	Chapel
Minor Surgery	Morgue
EKG–EEG	

Specimens, supplies and records

Laboratory	Clothesroom
Central Supply	Doctor's Office
Pharmacy	Record Room
Laundry	Business Office

*Only after training by Head Nurse.
**In emergencies only.

The aides voted on the relative importance of these four duty categories, indicating clearly their attitudes. The most important to them were: routine nursing services and comfort and hygiene of patients. Least in importance to them was: maintenance of patient area and equipment, with messenger service ranking almost as low.

Explorations continued at weekly discussions. In comparing rankings of importance with the frequency with which tasks were usually performed, the nurses' aides indicated the relative amounts of time each usually spent on each category. The responses indicated considerable variations depending on their assignments. They also reported that most private patients will not permit nurses' aides to perform many of the routine nursing services.

A second attitude explored was the hostility expressed against some student nurses. A list of the characteristics of *good* student nurses was developed, revised, and accepted by the aides. Then, the frequency with which student nurses (freshmen and upper classmen) demonstrated each of these characteristics was reported according to the experience of the nurses' aides. See Table V.

These widely held negative evaluations suggest the extent and depth of antagonisms against student nurses. In the discussions of these items, a basic factor contributing to the hostility finally was revealed. The nurses' aides had the wrong image of the student nurse; hence, their evaluations were distorted. The aides who discussed these characteristics considered the student nurses as part-time coworkers, with gradually increasing technical knowledge but with less experience and competence in the tasks that overlap those of the nurses' aides. The student nurses' role was seen as that of *helping* nurses and nurses' aides care for the patients.

Few aides realized that while *they* are paid for their services, student nurses pay for the privilege of studying and training. There was a hushed surprise reaction when the aides learned that student nurses are *not* "workers," but in training. The exploration clearly showed that the reaction of nurses' aides to student nurses should be interpreted in the light of their image of student nurses, i.e., as uncooperative associates or assistants who were disrespectful to older, more experienced nurses' aides.

Table V. Frequency of observance by 33 nurses' aides of characteristics of good student nurses—Percent of frequency reported by nurses' aides

Characteristics	In practically all		In Most		In Many		Rarely or Never	
	Freshmen	Upper	Freshmen	Upper	Freshmen	Upper	Freshmen	Upper
Willing to perform whole patient service—even "clean up" completion when no other duties are assigned	0	9	14	36	27	6	69	49
Willing do do a full hour's work when on duty	0	18	6	27	15	12	79	43
Cooperates—willing to take good suggestions from more experienced aides	0	6	6	12	33	18	61	64
Shows courtesy and respect, is pleasant	0	48	60	30	0	0	40	22

ATTITUDES OF STUDENT NURSES AND STAFF NURSES

Having studied the attitudes of the nurses' aides, the study next focused on eliciting the attitudes of student nurses and staff nurses. A sample of three classes of student nurses, staff nurses, and School of Nursing faculty were surveyed by means of an unsigned questionnaire in an effort to determine their concepts of the duties of aides. They were asked to list the five most important tasks of a nurses' aide. The responses were classified into the four duty categories: routine nursing services; patient comfort and hygiene; maintenance of patient area and equipment; and messenger services.

The findings revealed an interesting contrast. The student nurses in all three classes and the School of Nursing faculty generally agreed with the ranking of duties by the aides themselves. The staff nurses, on the other hand, ranked routine nursing service of aides as least in importance. They listed as tied for first place in importance patient comfort and hygiene and the cleanup duties—the latter considered by nurses' aides as least important. Followup interviews with staff nurses indicated that the category "routine nursing services," was so close to "nursing procedures," that it threatened usurpation of responsibilities of graduate nurses.

Student nurses listed their most usual problems with nurses' aides as difficulty in getting aides to follow orders, and the aides' unsatisfactory work habits and attitudes. The first difficulty exposes the frustration, and the second reflects the attack that follows it. The other problems follow naturally. Because of the conflicting role concepts held by nurses' aides and student nurses, frustrations in mutual expectations and resulting antagonisms arose. The aides considered student nurses coworkers assigned to share the load, while student nurses considered aides as subordinate helpers in inferior jobs. In view of the misunderstanding of roles, mutual recriminations and unsatisfactory interpersonal relationships were to be expected.

Student nurses' ratings of performance by nurses' aides, on a five point scale (poor to excellent), showed a normal curve distribution. Upper classmen rated aides higher than lower classmen. To make the ratings more specific the 113 student nurses were asked to list the good and unsatisfactory characteristics of nurses' aides. Combined, these lists define the student nurses' concept of what they expected of nurses' aides. Each student listed an average of 4.7 items. The most frequently mentioned positive characteristics were pleasant personality, initiative, willingness to work and to cooperate. The most frequently mentioned negative characteristics were laziness, sloppy appearance and manner, and lack of interest in the job. These latter can be related to other evidences of threats to student nurses' aspirations and, possibly, to a tendency toward scapegoating to relieve the pressure of graduate nurses upon the students.

The mutuality of these recriminations is clearly seen in a comparison of the above with the reports by nurses' aides regarding the lacks in student nurses. Most frequently mentioned were lacks in courtesy, respect and pleasant manner, cooperation, and willingness to perform the whole patient service.

There was close agreement between the student nurses and the aides as to the desirable characteristics a nurses' aide should possess.

A committee of nurses' aides was asked: "What can the hospital do to help nurses' aides give better patient care?" All of these suggestions were taken under consideration or actually put into effect on some nursing units. The list follows:

Provide advanced training in the field of nursing.

Give more recognition for a job well done.

Allow aide to hear patient's report, so that she can better understand the nature of his illness.

Give aide professional recognition; this will make her more ambitious.

Engage two extra "floats" (relief supernumeraries) for the hospital so that regular aides can pay more attention to their patients without so many interruptions.

Give a language course to all aides so they can talk to patients with foreign languages.

Permit nurses' aides to complete their assignments with patients.

Encourage hospital employes to treat aides more respectfully by addressing them by their last names.

Increase the nurses' aide staff.

Assign to nurses' aides the jobs of an aide, not those of a maid or porter; they are *nurses' aides*, not *hospital aides!*

Treat nurses' aides with more respect and politeness.

Let aides work a 5-day week with "floats" in between.

Allow aides to listen to reports without interruptions.

Do not ask aides to perform duties that have been previously assigned to others to complete.

PARALLEL STUDIES

To check the reliability of the findings of the attitudes of the nurses' aides, two studies with parallel groups were conducted: one with new nurses' aides, the other with a group of junior nurses' aides. The junior nurses' aides were a group of 40 high school sophomores who planned to enter a nursing school after high school graduation. Following a training course at the hospital, they served in a limited way as nurses' aides. The program permits two summers and 2 years of part-time work before they make the final decision to begin nursing education.

The 19 nurses' aides were all high school graduates except for one who was completing her senior year of high school at night school. In addition, two had some college education and one had completed a year at a hospital school of nursing.

Before either group received any training their attitudes were studied regarding the same items that had been studied in the original group of nurses' aides. The findings confirmed the previous results:

- In ranking the importance of categories of their duties, 51 percent of the junior aides ranked "routine nursing service" as most important; whereas, 27 percent indicated "comfort and hygiene of patients."
- Among the new nurses' aides, 63 percent ranked "routine nursing service" as the most important; whereas, 31 percent indicated "comfort and hygiene of the patients."

Solving the Problem

SUMMARY OF THE PROBLEM

From these various approaches, the following aspects of the problem became apparent:

- Most nurses' aides were feeling strong dissatisfactions with jobs, despite high motivation, because of frustrations in striving for recognition and acceptance.
- Their frustrations resulted in strong hostility feelings toward the student nurses, most of whom responded with recriminations and deprecating attacks against the "insubordinate" aides.
- These unhappy, frustrating social relationships had crystallized into group antagonisms in many of the nurses' aides and at least some of the student nurses. These frustrations led to insecurity by blocking the aides' aspirations to achieve the job and personal status they had defined for themselves as desirable and attainable.
- Agreement on mutual expectations, which is necessary for stable group organization, was lacking. These confusions resulted from: the lack of real understanding among student nurses and nurses' aides regarding each other's roles; experiences and training of aides in the hospital, which helped perpetuate the "false" image; and the nursing education program, which had *not* given much attention to the problem which all the student nurses reported—their working relationships with the nurses' aides.

REMEDIAL MEASURES

Summaries of the findings were shared with administrative personnel, nursing faculty, and other personnel responsible for training—thus highlighting topics which should be included in training programs.

As a first step toward bringing about a change in attitudes, the topics were included in the regular 1-month training programs for the new nurses' aides and the junior nurses' aides. Emphasis was placed on the whole range of their duties as a unified broad responsibility for certain aspects of patient care. Also stressed was the flexibility necessary in nursing-team working relationships so as to provide the best possible continuous care for each patient.

The staff nurses and student nurses did not have a planned, intensive program of attitude change. The findings of the study were discussed at staff meetings and at student conferences, however, with emphasis on improving working and interpersonal relationships.

In the meantime, the intensive efforts continued with respect to the nurses' aides, through the weekly discussion groups conducted for a period of 7 months. These discussions focused on

correcting the discovered misunderstandings and changing the negative attitudes. As findings were interpreted to the group, they were analyzed and discussed, and efforts were directed toward an improved understanding of: (1) the nursing-team working relationship and its aim of the best possible care for each patient; (2) the role of the nurses' aide on the nursing-team; (3) the contribution of all the duties of nurses' aides to total care of the patient; (4) career development and the role of student nurses; and (5) human behavior and interpersonal relations.

Another remedial measure which was instituted was the establishment of a promotion grade for nurses' aides. Because of the diversity of duties of nurses' aides in different assignments, and their range of education and ability, the hospital established the nurses' aide, Grade 2 category, requiring 1 year of experience and the completion of an advanced training course. Staffing needs for the Grades 1 and 2 categories were determined based on an analysis of duty assignments and a complete revision of job descriptions.

With respect to the future reactions of the aides, the findings suggested a warning. Because of the diversity of nurses' aides with different assignments some will be spending more, or most, of their time, on duties they like least. In addition, under the new promotion program some aides will be promoted and assigned to units requiring the most patient care that can be provided by aides. As a consequence, most unpromoted nurses' aides will have relatively more of the "cleanup" and "messenger" duties. This situation may produce frustrations and compensating aggressions even stronger than those discovered in the first study. The consultants suggested that, if this assumption were verified with successive classes of new nurses' aides, it might be necessary to redefine and retitle the entry job to make it more acceptable within contemporary status definitions. A reassessment of the nursing function could lead to further specialization, resulting in the need for establishing a Hospital Aide category to perform cleanup and messenger functions. Nurses' aides and practical nurses could then be responsible for patient comfort, hygiene, and routine nursing services. Staff nurses would continue to perform the more responsible nursing procedures and supervise the auxiliaries. By substituting the non-nursing title of Hospital Aide for the entry position, those applying and accepted for the position should have no aspirations for the prestige and satisfactions that come from direct contact with the sick and injured.

Evaluating Results

About 8 months after the first explorations of the attitudes of nurses' aides and of the other groups, a repeat survey was employed to determine whether any changes in attitudes had occurred. A study and statistical analysis of the responses, elicited by unsigned questionnaires, revealed a number of outcomes.

OUTCOME WITH NURSES' AIDES

Original Group

The attitudes of the original group of nurses' aides showed marked improvement. Changes which were statistically significant appeared in several areas. Among them were the characteristics of good student nurses which they had observed and their responses regarding their working relationships with student nurses. In these two areas, 55 percent reported improvement; 40 percent reported "no change," which, for almost half, meant that relationships had always been good. Perhaps the most conspicuous change was the agreement of the nurses' aides as to the main purpose of the hospital duty of student nurses. Without exception, they reported that student nurses were assigned as part of their nursing education.

Still another evidence of their improved attitudes was the improvement in their scores on the morale survey. The previously reported score, in which only 71 percent of the nurses' aides reported "favorable or very favorable" attitudes, had, 8 months later, increased to 93 percent.

A reduction of tensions of nurses' aides had been accomplished—in its place was a new group attitude, a friendly, tolerant understanding that promises further improvement as the most frustrated nurses' aides yield reluctantly to the pressures of their peer group norms and conform or withdraw.

New Nurses' Aides

Following their 1-month period of training and experience, the new aides were making an excellent initial adjustment in working relationships,

according to followup sessions. They reported, without exception, a complete absence of tension with student nurses. There were no negative or neutral attitudes toward the student nurses implied in the suggestions offered for improving the work of nurses' aides. They showed a clear concept of their duties, agreeing consistently on the importance of and relative time required by each duty category.

Notably, the greatest change in this study occurred among the new nurses' aides, the groups whose training courses were adjusted to include specific sessions aimed at solving the problem of status tensions.

OUTCOME WITH STUDENT NURSES

The change among student nurses proved to be slight. In ranking the duties of nurses' aides, the student nurses in the junior year continued to consider "patient care and hygiene" the most important; however, more emphasis than formerly was placed on the "maintenance of patient area and equipment" tasks. Senior student nurses considered maintenance tasks more important than patient care duties of nurses' aides, a downgrading which occurred during the 9 months of the study.

The student nurses' concepts of the role of the nurses' aide still emphasized the importance of personal characteristics and cooperation with (and subordination to) student nurses and staff nurses. Seniors put slightly more emphasis on knowledge of the job and good work habits than did the juniors.

Certain responses suggested that some strong attitudes and tensions still persisted. An example appears in the student nurses' response to the question: "What is the one most difficult problem (if any) that you now have in your working relationships with nurses' aides?" Only 4 percent of the 167 students reported that they did not have any difficult problems in working with nurses' aides.

OUTCOME WITH STAFF NURSES

The followup attitude survey of staff nurses indicated some improvement in their attitudes toward nurses' aides. The majority of the staff nurses ranked the categories of duties as the nurses' aides did, but nearly one-third of the nurses minimized patient care and increased the importance of the other, lower, duty categories.

Most staff nurses reported that nurses' aides possessed good personal characteristics, and about half of the nurses felt that work knowledge and ability, work habits, and interest in the job were important characteristics of excellent aides which they had observed among the nurses' aides.

Nearly half of the staff nurses reported "none" or gave no answer to the question, "What is the most difficult problem (if any) that you now have in your relationship with nurses' aides?"

As indicated below, staff nurses suggested ways by which the service of nurses' aides could be improved so as to provide better patient care. Some of these were put into practice at the hospital. Others are being considered.

SUGGESTIONS FOR IMPROVING SERVICES OF NURSES' AIDES MADE BY STAFF NURSES

Suggestions	Nurses	
	Number* (N=38)	Percent
Improved Preparation of Aides and Assistants—(Including: Better orientation to their duties, patients' needs, the team system; inform them of patient's diagnosis; allow them to hear shift reports; provide more direct supervision; give adequate explanations of how and why; teach them more procedures and professional adjustments; conduct staff conferences with aides)	28	74
Personal Characteristics of Nurses' Aides—(Including: More willingness to work, more respect for and cooperation with nurses, willingness to deviate from routine, more interest in the job)	5	13
Other—(Including: More nurses' aides, at least one aide per shift each day; employment of messengers)	7	18
No suggestions	7	18

* Some respondents gave more than one suggestion.

Summary

The morale survey at St. Vincent's Hospital had revealed that morale among nurses' aides was lower than among the other hospital personnel. That a morale problem had developed among the nurses' aides was further evidenced by their strong opposition to a proposal to change the title of the nurses' aides to hospital aides.

In view of these circumstances, a study was conducted to determine an effective method of solving this morale problem. The study had three phases: an exploration of the problem, the application of a remedial program based on the finding, and an evaluation of the results.

During the first phase, the attitudes of nurses' aides, student nurses, and staff nurses with respect to the role, status, and function of nurses' aides were studied. The attitudes of the nurses' aides were elicited by means of the feedback group-discussion technique; those of student nurses and staff nurses were studied by means of unsigned questionnaires.

The findings revealed that the problem stemmed mainly from errors in the concepts held by each group with respect to the functions and status of the nurses' aides. Also, among nurses' aides there was a lack of understanding regarding the role and career development of student nurses. To measure the reliability of the findings regarding the attitudes of nurses' aides, a parallel study was conducted with a group of new nurses' aides and junior nurses' aides before they received any hospital training. The results confirmed the findings.

An intensive program to change the attitudes of the aides was carried out through weekly group-discussion sessions conducted over a period of 7 months. For the new nurses' aides, sessions on the role of the aide and her relationship to the nursing-team were included in the regular training program for new aides. In contrast, among staff nurses the remedial efforts were more incidental, involving discussions of the findings at staff meetings. Similarly, with student nurses, the findings were interpreted and discussed at counseling sessions.

Eight months after the initial survey the attitudes were again studied to determine whether changes had occurred. The second survey showed statistically significant changes: a marked change in the attitudes of both groups of nurses' aides, and not as much change in the attitudes of the student nurses and staff nurses.

The results proved the effectiveness of the remedial program expressly employed for the purpose of improving the attitudes of nurses' aides.

CONCLUSIONS

- Strong status tensions of nurses' aides were relieved by a 9-month continuing program to analyze and change attitudes.
- The use of feedback and discussion technique, which brought the subjects into the research procedure as participants, precluded "pure" research. Since this study had a value objective to reduce dissatisfaction of nurses' aides, it became necessary to blend research, experimentation, and remedial measures into a controlled "applied" research project. (This demonstrates the kind of "applied" research that is frequently required in management areas.)
- In lieu of control groups necessary for scientific evaluations of cause-and-effect relationships, this study effectively used two parallel groups, the new nurses' aides and the junior nurses' aides, to check on the reliability of the findings with the experimental group.
- From the consistency of measurements in a variety of approaches, it is evident that nurses' aides changed their concept of their own status and of the roles of student nurses. As a result of the program they combined their tasks into two categories: (a) patient care and (b) cleanup and messenger duties.
- These changes in the nurses' aides reference scales, for their own status and for the role of student nurses, changed their own concepts regarding their relationship and assignments without actually changing their duties or the duties of student nurses. This technique of re-education is necessary if attitudes are to be changed when conditions that are considered frustrating cannot be changed. By changing the values against which the nurses' aides judged their work and that of the student nurses, their interpretations changed.
- Several changes instituted by the hospital, based on findings in the study, accelerated the changes in attitudes. These administrative changes were the inclusion of nurses' aides at the

nursing staff report sessions, and the introduction of a promotion grade for nurses' aides.

- The effectiveness of the program is revealed in the statistically significant amount of improvement in the attitudes of the nurses' aides at the end of the study, as compared with the student nurses and staff nurses.

- Although student nurses and staff nurses showed a significant change in their attitudes toward nurses' aides during the study, their adjustments were not as pronounced as those of the nurses' aides.

Nurses' aides showed greater change because of their active participation in the special group discussion program. Their training was gradually modified by the findings over the 8-month period. Staff nurses and student nurses did not have a planned, intensive program of attitude change; the findings of the study were discussed at staff meetings and at student conferences, which led to awareness of the tension and some improvement in working and interpersonal relationships.

RECOMMENDATIONS

- The study method of analysis and exploration of the problem, application of remedial measures, and evaluation of the results is recommended in efforts to remedy problems of morale.

- Any survey of the attitudes of employees should be repeated periodically to reveal developments in working relationships resulting from any changes proposed, introduced, or extended.

- It is recommended that analysis of the requirements for nursing services at different patient units be conducted periodically to permit experimentation with staffing patterns, the allocations of tasks and the organization of team nursing.

- The program of the school of nursing should give increasing emphasis to education of the student nurses regarding the solution of their working and staff relationship problems.

Appendix A—Turnover

Exhibit 1a.—Analysis of turnover,[1] 1958 and 1959

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Departments	Number of employees		Number separated		Turnover rate (Percent)			Rank order of turnover rate			Rank order of turnover		
	1958	1959	1958	1959	1958	1959	Changes	1958	1959	Change	1958	1959	Change
Accounting	54	66	31	28	57.4	42.4	−15	10	9	+1	5	5	0
Administration	4	6	0	0	0	0	-------	25½	25	+½	25½	26	−½
Admitting	18	20	6	8	33.3	40.0	+6.7	16½	12	−4½	16½	16	+½
Communications	33	32	28	22	84.8	68 7	−16.1	3	3	0	7½	7	+½
Emergency and OPD	26	26	6	16	23.0	61.5	+38.5	21	4	+17	16½	11	+5½
Housekeeping	119	119	57	49	47.9	41 1	−6.8	12	10	+2	3	3	0
Laboratory	47	52	21	23	44.7	44.2	−0.5	13	7	+6	10	6	+4
Laundry	50	44	19	17	38.0	38.6	−0.6	15	14	+1	11	9½	+1½
Maintenance	63	67	28	29	44.4	43.2	−1.1	14	8	+6	7½	4	+3½
Medical records	46	42	36	17	78.3	40.4	−37.9	4	11	−7	4	9½	−5½
Nursing[2]	492	629	322	341	65.5	54.2	−11.3	9	6	+3	1	1	0
Nutrition	182	166	142	59	77. 1	35.5	−41.6	5	17	−12	2	2	0
Personnel	8	7	2	3	25 0	28.5	+3.5	19	19	0	20	20	0
Pharmacy	7	8	2	9	28.6	112.5	+83.9	18	2	+16	20	14	+6
Physical medicine and rehabilitation	21	16	16	9	76.2	56.2	−20.0	6	5	+1	12	14	−2
Purchasing	10	10	2	2	20.0	20.0	-------	22	22	0	20	22	−2
Radiology	41	50	30	19	73.2	38.0	−35.2	8	15	−7	6	8	−2
Security and safety	29	31	22	12	75.9	38.7	−37.2	7	13	−6	9	12	−3
Social service	38	43	9	9	23.6	20.9	−2.7	20	21	−1	14	14	0
Medical services													
Anesthesiology and inhalation therapy	6	8	9	3	150.0	37.5	−112.5	1½	16	−14½	14	20	−6
Cardiopulmonary	4	3	0	1	0	33.3	+33.3	25½	18	+7½	25½	23½	+2
EKG and EEG	7	6	1	3	14.3	50.0	+35.7	23	24	−1	22½	20	+2½
Medical library	2	4	3	5	150.0	125.0	−25.0	1½	1	+½	18	17	+1
Mental health	31	41	9	4	29.0	9.7	−19.3	16½	23	−6½	14	18	−4
Neurology	6	5	0	0	0	0	-------	25½	25	+½	25½	26	−½
Public relations	2	2	1	0	50.0	0	−50.0	11	25	−14	22½	26	−3½
Director's offices	6	4	0	1	0	25	+25 0	25½	20	+5½	25½	23½	+2
Total hospital controlled personnel	1,352	1,507	802	689	59.3	45.7	-------	-----	-----	-------	-----	-----	-------
Other departments													
Coffee shop	12	9	41	18	342.0	200.0	−142.0	-----	-----	-------	-----	-----	-------
Gift shop	4	2	2	0	50.0	0	−50.0	-----	-----	-------	-----	-----	-------
Research grants	19	23	15	3	88.2	13.0	−75.2	-----	-----	-------	-----	-----	-------
Volunteer services	2	2	0	0	0	0	-------	-----	-----	-------	-----	-----	-------
Development	-----	2	-----	0	-----	0	-------	-----	-----	-------	-----	-----	-------
Total payroll personnel	1,389	1,545	860	710	61.8	45.9	−16.0	-----	-----	-------	-----	-----	-------

[1] Excludes Sisters, interns and resident physicians, volunteers, and student nurses.
[2] Includes nurses assigned to clinics, psychiatric technicians, and personnel in central supply.

Exhibit 2a.—Questionnaire mailed to former employees

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

SERVING THE SICK SINCE 1849

St. Vincent's Hospital is engaged in a Personnel Research Study under a grant from the U.S. Public Health Service. We are asking a few selected former employees to help us by telling us about some of their experiences at the hospital.

You are one of those we have selected to assist the hospital in its study of ways to improve conditions for employees so that patient care will continue to improve. Nothing that you report will become part of your record at the hospital. Your answers will be treated as confidential and used only as part of a statistical report, with the answers of others, without any mention of names.

We will appreciate your cooperation in answering all of the following questions frankly, and then returning this form in the enclosed stamped envelope.

1. Why did you decide to come to work at St. Vincent's?_____
2. At first, what did you like best about your job?_____
3. If your feelings about your job changed, please tell us why: _____
4. What did you like least about your job? _____
5. What suggestions do you have for making your supervisor more helpful to employees like you? _____
6. In what ways was your supervisor helpful to you? _____
7. Did your salary have anything to do with your leaving? _____
   Please explain frankly: _____
8. Did work conditions have anything to do with your leaving? _____
   Please explain frankly: _____
9. What is the one real reason that caused you to leave St. Vincent's? _____
10. What suggestions do you have to make the hospital better for employees so that we can give better care to patients?
11. When you started you job? (please check)
    A. Did you understand your duties? Clearly _____ Vaguely _____ Not as they turned out _____
    B. Did you understand your hours and days of work? Clearly _____ Vaguely _____ Not as they turned out _____
    C. Did you know who your immediate supervisor was? Yes _____ No _____ Wrong person _____
    D. Did you understand the hospital regulations that you should have understood? Yes _____ Some _____ Only a few _____ Practically none _____
12. What happened during your first few weeks on the job? (please check)
    A. Were your relationships with your supervisor: Good _____ Satisfactory _____ Poor _____ Practically none at all _____
    B. Were your relationships with other employees in your department:
       Good _____ Satisfactory _____ Poor _____ Practically none at all _____
    C. How did you feel about your job during the first few weeks? Happy _____ Satisfied _____ Unhappy _____ Miserable _____
    D. During your first few weeks, was the amount and variety of work expected of you:
       Check one: Very reasonable _____ Reasonable _____ A little too much _____ Too much _____
       Check one: Very easy _____ Fairly easy _____ Satisfactory _____ A little difficult _____ Too difficult _____
13. Do you feel that your orientation to your job was: Excellent _____ Good _____ Satisfactory _____ Poor _____
14. What training or instruction did you have at the hospital? _____
15. Are you employed now? _____ If so is your present position better in:

Check	*Yes*	*No*	*Check*	*Yes*	*No*	*Check*	*Yes*	*No*
Salary			Hours of work			Your travel		
Work conditions			Days of work			Your supervision		

16. If your job at St. Vincent's was better than your new job, please indicate how: _____

Thank you for your cooperation. Please mail this in the enclosed stamped envelope.

Exhibit 3a.—Estimated costs of turnover at St. Vincent's Hospital, 1959

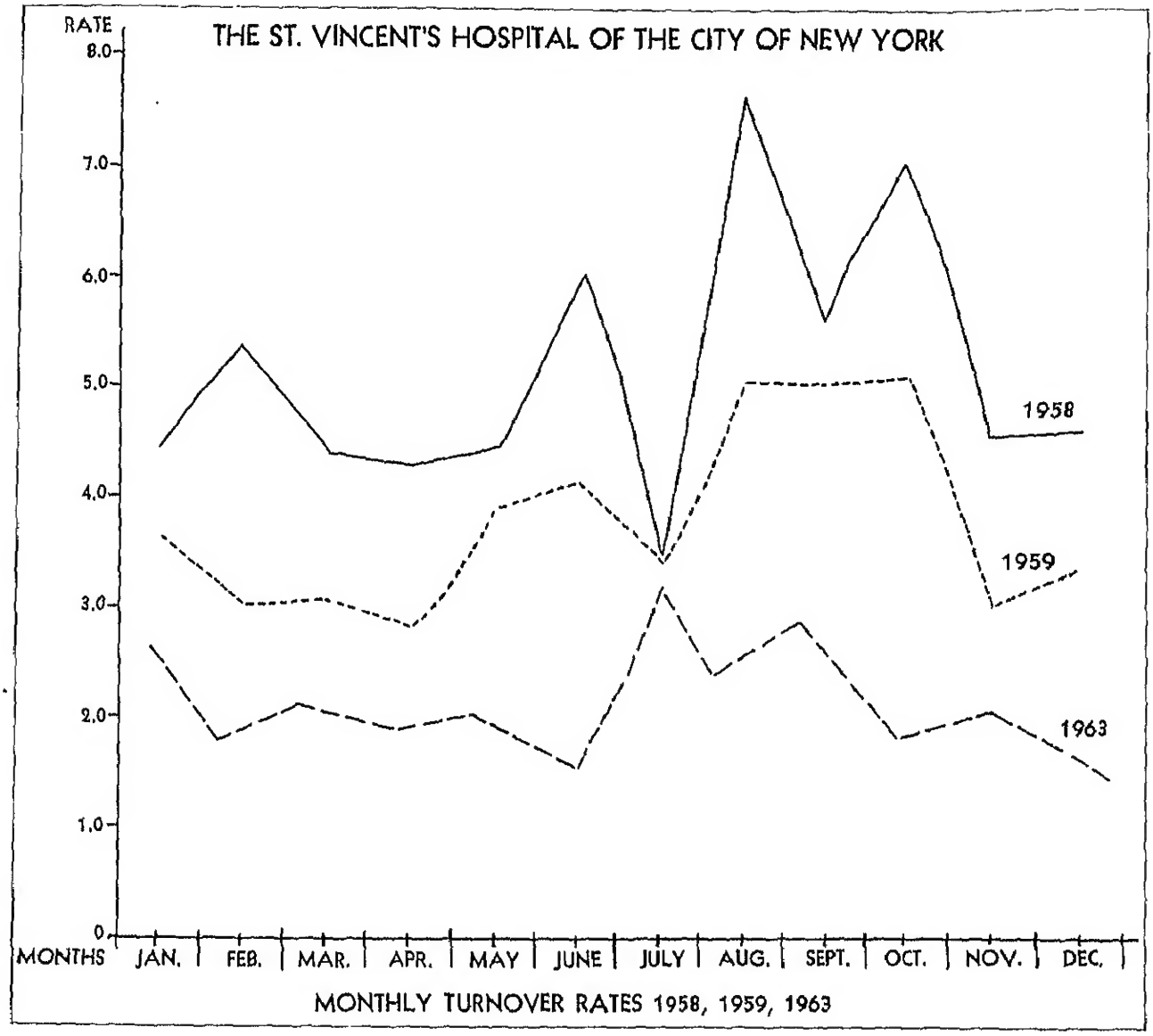
Adjusted from findings of Northwestern Hospital Study, 1950

Department	Average cost of personnel time involved in separations [1]				
	Average costs		Average costs	Average total costs	
	Terminations		Accessions	Resignations and replacements	Discharges and replacements
	Resignations	Discharges			
Nursing Service	$6.12	$16.62	$214.15	$220.27	$230.77
Housekeeping	5.01	15.03	116.55	121.56	131.58
Dietary (Nutrition)	5.25	14.00	69.53	74.78	83.53
Laboratory	8.75	29.92	294.00	302.75	323.92
Pharmacy	8.05	24.15	483.77	491.82	507.92
Admitting	5.86	17.58	230.84	236.70	248.42
Accounting	6.79	20.37	210.51	217.30	230.88
General Administration	26.11	78.33	275.08	301.19	353.41
Purchasing and Stores	7.94	23.82	230.84	238.78	254.66
Laundry	5.11	15.33	33.34	38.45	48.67
Maintenance, Engineering	37.66	100.03	283.34	321.00	383.37
Medical Records	5.98	17.94	183.89	189.87	201.83
Anesthesia	18.15	54.45	124.08	142.23	178.53
X-ray [2]	8.75	29.92	294.00	302.75	323.92

[1] For practical application, cost figures will be rounded to nearest dollar and a differential of $12 added. A difference between $3 average cost for physical examination reported and $15 average cost determined at St. Vincent's Hospital were required of all new employees.

[2] Using the adjustment formula, costs for Radiology turnover were $4.71 for a resignation and accession, or $11.51 for a discharge and replacement. These data must have represented clerical or messenger turnover. In the absence of other information, for these initial estimates, the X-ray figures are borrowed from the department most comparable in personnel costs and requirements, Laboratory.

Exhibit 4a.—Summary of changes in the rate of turnover



Appendix B—The Wage and Salary Program

745–711 O—65——7

Exhibit 1b.—Five-year salary trends (monthly salaries)

ST. VINCENT'S HOSPITAL AND AVERAGES FOR HOSPITALS IN THE METROPOLITAN HOSPITAL ASSOCIATION SURVEYS, 1954–58

Job titles	1958 monthly salaries				1954 monthly salaries				1954–58 mean increase			
	Average N.Y. hospitals		St. Vincent's		Average N.Y. hospitals		St. Vincent's		Average N.Y. hospitals		St. Vincent's	
	Range	Mean	Range	Mean	Range	Mean	Range	Mean	Increase	Percent	Increase	Percent
Accounting clerk	$236–$350	$293	$220–$325	$273	$190–$225	$208	$175–$205	$190	$85	41	$77	39
Cashier	231– 281	256	240– 305	273	200– 270	235	175– 215	195	21	9	77	39
General clerk	182– 245	214	195– 240	218	170– 190	180	175– 215	195	34	19	23	12
Clerk-typist	199– 249	224	220– 260	240	170– 190	180	175– 215	195	44	24	45	23
Ediphone operator	238– 291	265	240– 280	260	210– 260	235	215– 280	248	29	12	12	5
Clerk-typist, medical	216– 265	241	240– 280	260	170– 200	185	150– 195	173	56	30	88	51
Medical secretary	258– 317	288	260– 325	293	230– 280	255	215– 280	248	33	13	44	18
Secretary	242– 297	270	240– 280	260	210– 320	265	215– 280	248	5	2	12	5
Switchboard operator	200– 248	224	230– 295	263	175– 210	193	175– 240	208	31	16	55	26
Cook	252– 299	276	260– 390	325	310– 410	360	325– 440	383	−84	−23	−58	[a] −15
Baker	284– 340	312	260– 390	325	310	310	260– 345	303	2	.6	22	7
Kitchen-helper	160– 194	177	152– 240	196	140– 180	160	130– 195	163	17	11	33	20
Skilled mechanic	284– 345	315	260– 350	305	190– 220	205	205– 240	223	110	54	82	37
Assistant housekeeper	242– 290	266	240– 280	260	200– 250	225	215– 325	270	41	18	−10	[b] −4
Porter	157– 194	176	156– 220	188	150– 180	165	150– 195	173	11	7	15	9
Laundry washer	201– 240	221	195– 280	238	200– 230	215	150– 195	173	6	3	65	38
Maid	150– 179	165	156– 220	188	135– 175	155	140– 175	158	10	6	30	20
Flat-iron worker	160– 181	171	152– 183	168	160– 170	165	140– 175	158	6	4	10	6
Nurses' aide	152– 179	166	173– 220	197	150– 170	160	150– 195	173	6	4	24	14
Ward clerk	162– 201	182	173– 220	197	140– 190	165	175– 215	195	17	10	2	[c] 1
Tray girl (pantry aide)	148– 176	162	152– 195	174	150– 200	175	130– 175	153	−13	−7	21	[d] 14
Totals (excluding noncomparable salaries—a, b, c, d)	----------	3, 978	----------	4, 145	----------	3, 471	----------	3, 424	506	--------	714	--------
Averages (means) comparable salaries	----------	234	----------	244	----------	204	----------	201	30	15	42	21

[a] Included a chef in 1954.
[b] Included executive housekeeper in 1954 and all housekeepers 1954, 1958.
[c] Part time.
[d] Hours reduced from 40 (1954) to 30 (1958).

*Exhibit 2b.—Job description questionnaire**

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

(Please use ink. Write plainly)

Your present job title: _____ Date: _____

Department: _____

Section: _____

I. FUNCTION:

II. DUTIES AND RESPONSIBILITIES:

III. EQUIPMENT USED:

IV. CONTACTS:

V. SUPERVISION:

A.

B.

VI. WORKING CONDITIONS:

VII. PHYSICAL REQUIREMENTS:

VIII. EDUCATION AND TRAINING, SKILLS:

IX. COMMENTS BY EMPLOYEE:

_____
(Signature of employee)

X. TO BE ANSWERED BY SUPERVISOR ONLY:

A.

B.

_____
(Signature of supervisor)

*These 10 questions were spaced on three pages to allow space for employee's comments.

Exhibit 3b.—Job description

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Title: _____ Job No.: _____

JOB SUMMARY:

RESPONSIBILITY:

SKILL:

EFFORT:

WORKING CONDITIONS:

Exhibit 4b.—Job specification data

Job grade _____ Date issued _____

Points _____ Supersedes _____

Job title _____ Number of employees in job _____

Department _____

Section _____

Job above _____

Job below _____

Job Information (For duties, responsibilities, education, skill, and experience, see job description)

Salary: From _____ to _____ Biweekly / Hourly Other compensation _____

Working hours:

Daily _____ to _____ Lunch period _____ hour

Saturday _____ to _____ Shift rotation _____

Sunday _____ to _____

Equipment used _____

Personal Requirements:

Age: From _____ to _____ Preferred _____

	Min.	*Max.*
Height	_____	_____
Weight	_____	_____

Male Female Either

Possible use of person with physical handicap _____

_____

Recruiting Sources:

Within hospital _____

Outside hospital _____

Special characteristics or personality traits _____

Exhibit 5b.—Job evaluation

ST. VINCENT'S HOSPITAL

Factors	Percent	Factor characteristics	1st degree		2d degree	
I. Skill (35)	15	EDUCATION—Minimum education necessary to meet requirements of job.	Read, write, and understand English through high school. 1=understand; 2=read and write; 3=understand, read and write; 4–15=grade 1–12.	15	Postgraduate high school 1 yr.=22½ pts. 2 yr.=30 pts.	30
	5	EXPERIENCE—Minimum previous experience necessary to fulfill standards and requirements of job.	No experience to 6 months; 0 months to 2 months=1 pt.; 2–3 mos.=2; 3–4 mos.=3; 4–5 mos.=4; 5–6 mos.=5 pts.	5	7–9 mos.=7½ pts. 10–12 mos.=10 pts.	10
	5	*Initiative*—Aptitude in the initiation of/and perseverance in/action.	Basic job-employee receives detailed instructions.	5	Employee receives some instruction. Major part of job receives instruction.	10
	5	*Analytical Ability*—Capacity to break down and evaluate a situation.	Works under close supervision.	5	Direct supervision most of the time.	10
	5	*Resourcefulness*—Versatility and flexibility in meeting situations.	Little deviation in routine.	5	Occasional deviation in routine.	10
II. Effort (Work Demand) (20)	20	PHYSICAL AND/OR MENTAL REQUIREMENTS.	Very light. Typical of most office jobs. Work in comfortable positions. Flow of work intermittent. Requires attention only at infrequent intervals (e.g., stacking and loading materials, etc.).	20	Some effort required. Light objects lifted. Some reaching and stooping. Typical of office machines operator. Work requires frequent mental and visual attention such as operating a machine, etc.	40
III. Responsibility (40)	5	EQUIPMENT AND MATERIAL—Responsible for operational use, care, control, replacement and maintenance.	Little responsibility. Damage in case of breaking or spoilage is negligible. Average $100 at any one time. 1 pt.=$20; 2 pts.=$40; 3 pts.=$60; 4 pts.=$80; 5 pts.=$100.	5	Some responsibility. Damage in case of breakage or spoilage would not exceed $350. Money responsibility would not exceed average of $350 at one time. 6 pts.=$150; 7 pts.=$200; 8 pts.=$250; 9 pts.=$300; 10 pts.=$350.	10
	15	ADMINISTRATIVE DUTIES—Planning, organizing, staffing, training, directing of others, coordinating, reporting, budgeting as it pertains to size, coverage, financial responsibility, etc.	Small section or work unit. Assistant of medium section.	15	Medium section or several work units. Assistant of small department, assistant of large section.	30
	10	PATIENT CARE—Meeting physical, mental, emotional, social, and spiritual needs of patient.		10		20
		Direct:				
		Integrative activity	Negligible.		Infrequent.	
		Degree of responsibility				
		Independence of action				
		Contact				
		Consequences				
		Indirect:				
		Integrative activity	Negligible.		Infrequent.	
		Degree of responsibility				
		Independence of action				
		Contact				
		Consequences				

3d degree		4th degree		5th degree	
3d yr. college=37½ pts. 4th yr. college=45 pts.	45	Master's degree or equivalent.	60	Ph. D. or equivalent.	75
1 yr.–2 yrs.=12½ pts. 2 yrs.–3 yrs.=15 pts.	15	3 yrs.–4 yrs.=17½ pts. 4 yrs.–5 yrs.=20 pts.	20	5 yrs.–7 yrs.=22½ pts. 7 yrs.–10 yrs.=25 pts.	25
Devises data—uses some initiative.	15	Presents important or significant decisions to management.	20	Unusual and important facts must be weighed and analyzed.	25
Requires certain ingenuity—solves special problems occasionally.	15	Necessary to ascertain facts, weigh them, and make recommendations regularly.	20	Calls for extreme exercise of good judgment and independent action.	25
Moderate deviation in routine with some guidance.	15	Ability to meet major situations with minimal guidance.	20	Ability to meet extreme situations quickly.	25
Repetitive physical effort involving lifting, pushing, pulling. Concentration nearly constant.	60	Moderately heavy activity. May involve lifting, climbing ladders, stairs, running, constant stooping and walking. Involves high degrees of coordination, concentration, mental acumen.	80	Strenuous physical work during most of labor period. Continuous mental strain inherent in job.	100
Responsible for equipment or money not to exceed an average of $600 at any one time. 11 pts.=$400; 12 pts.=$450; 13 pts.=$500; 14 pts.=$550; 15 pts.=$600.	15	Responsible for equipment or money not to exceed an average of $1,500 at any one time. 16 pts.=$700; 17 pts.=$800; 18 pts.=$900; 19 pts.=$1,000; 20 pts.=$1,500.	20	Damage of equipment may seriously affect others and may exceed $5,000. Money responsibility would not exceed $5,000. 21 pts.=$2,000; 22 pts.=$2,500; 23 pts.=$3,000; 24 pts.=$4,000; 25 pts.=$5,000.	25
Large section or small department. Assistant of large department.	45	Large department.	60	Administrator or Assistant Administrator.	75
Usual.	30	Considerable.	40	Continuous.	50
Usual.		Considerable.		Continuous.	

Exhibit 5b—Job evaluation

ST. VINCENT'S HOSPITAL

Factors	Percent	Factor characteristics	1st degree		2d degree	
	10	SAFETY—Concerns responsibility for formulating and observing procedures relating to protection of patients, employees, public and hospital.	No or little personal exposure to health or accident hazards. No or little responsibility for safety of others and/or hospital property.	10	Occasional exposure to minor health or accident hazards that could cause relatively minor injury, to self, others and/or hospital. No or little responsibility for developing or enforcing safety equipment, safety rules and regulations, and/or safety methods and procedures.	20
IV. Miscellaneous (5)	5	EXAMPLES: Training coordination Consultive service Working conditions Public relations Research Community representation Interdepartmental relations		5		10

point factor system—Continued

OF THE CITY OF NEW YORK

3d degree		4th degree		5th degree	
Frequent or constant exposure to minor health or accident hazards or occasional exposure to health or accident hazards that might cause relatively serious injury, to self, others, and/or hospital. Some responsibility for developing or enforcing safety equipment, safety rules and regulations, and/or safety methods and procedures.	30	Frequent or constant exposure to health or accident hazards that might cause serious injury to self, others, and/or hospital or occasional exposure to major health or accident hazards that might cause death or complete disability to self and/or others and disaster to the hospital. Immediate responsibility for developing or enforcing safety equipment, safety rules and regulations, and/or safety methods and procedures.	40	Frequent or constant exposure to major health or accident hazards that might cause death or complete disability to self and/or others and a disaster to hospital. Major or ultimate responsibility for developing or enforcing safety equipment, safety rules and regulations, and/or safety methods and procedures.	50
	15		20		25

Exhibit 6b.—Chart for job evaluation

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Factors (percent)	Factor characteristics	Points	Weight (percent)
I. Skill 35			
	Education		15
	Experience		5
	Initiative		5
	Analytical ability		5
	Resourcefulness		5
II. Effort 20			
	Physical and mental demand		20
III. Responsibility 40			
	Equipment and material		5
	Administrative duties		15
	Patient care		10
	Safety		10
IV. Miscellaneous 5			
	Examples: Training coordination Consultive service Working conditions Public relations Research --- ---		5
Job title		Total	100

Exhibit 7b.—Performance evaluation sheet

ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Employee's name: _____ Department _____
Reason for rating: _____ Dept. No. _____
Length of time at St. Vincent's: _____ Job Title: _____

Directions to raters: Select at least 5 factors of those listed below which you feel are the most important ones in the job for which you are rating your employee. You may select others if you wish. Underline those factors you select, check them in one of the columns below. After checking them, discuss them with the employee.

	Outstanding	Above average	Average	Below average	Unsatisfactory	Remarks
Quality of work						
Quantity of work						
Cooperation						
Initiative						
Dependability						
Personality						
Health						
Safety						
Industry						
Versatility						
Leadership						
Judgment						
Intelligence						
Job knowledge						
Potentiality						
Habits						
Loyalty						
Ability to plan						
Enthusiasm						
Trade skill						
Technical knowledge						
Work with others						
Tact						
Fairness						
Knowledge of equipment						
Appearance						

Check the box indicated by your answer to the following:

1. Would you employ another employee like this one? Yes ____ No ____
2. Does this employee have promotion potentialities? Yes ____ No ____
3. Would you recommend keeping this employee in the hospital? Yes ____ No ____
4. Has attendance of employee been satisfactory? Yes ____ No ____
5. Has the employee been punctual? Yes ____ No ____
6. Would some training or retraining be helpful at this time? Yes ____ No ____
7. Has the employee gone over this rating with you? Yes ____ No ____

_____ (Employee's signature) _____ (Date) _____ (Immediate supervisor's signature) _____ (Date)

_____ (Department head's signature) _____ (Date)

Exhibit 8b.—Employee reactions to their performance evaluations

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Beginning April 1, 1958, the work of employees was reviewed and ratings on five or more items were assigned by the employee's supervisor. The Performance Evaluation Sheet (see over) was adopted on an experimental basis for one year.

Now we are anxious to have each employee help in revising the experimental Performance Evaluation Sheet. Will you please give your frank reactions below?

DO NOT SIGN!

You may print if you wish. Thank you for your cooperation in this Personnel Research Project.

---

1 What is your department? (Write or print): _____

2. How many times have you been rated on the Performance Evaluation Sheet that is reproduced on the back of this sheet? (Only on *that* form; disregard all others.) Check one: Once _____, twice _____, three times _____, not at all _____.

3. After looking at the Performance Evaluation Sheet (over), do you remember the items on which your supervisor rated you? Check one: Yes, I remember all of the items _____, most of the items _____, some of the items _____, few of the items _____, I remember none of the items _____.

4. The number of items on which I was rated at my most recent evaluation is: _____ (write the number) (or check): I don't remember _____.

5. *If you do remember* the number of items, please answer this question; otherwise skip to question 6.

List here the items on the Performance Evaluation Sheet that you believe you should have been rated on:	*Of the items on which your supervisor did rate you,* which items, do you believe, should *not* have been used in evaluating your work:
_____	_____
_____	_____

6. Have you had a conference with your supervisor about your most recent rating?

Yes _____ No _____

7. *If you have had a conference,* do you feel that the conference was: (Check one): Pleasant for you _____, not especially pleasant _____, unpleasant _____; (Check one): Helpful to you (constructive) _____, not especially helpful _____, very little help _____.

8. Explain your answers to question 7 _____

9. How could the Performance Evaluation Sheet and the conference be improved?_____

Exhibit 9b

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

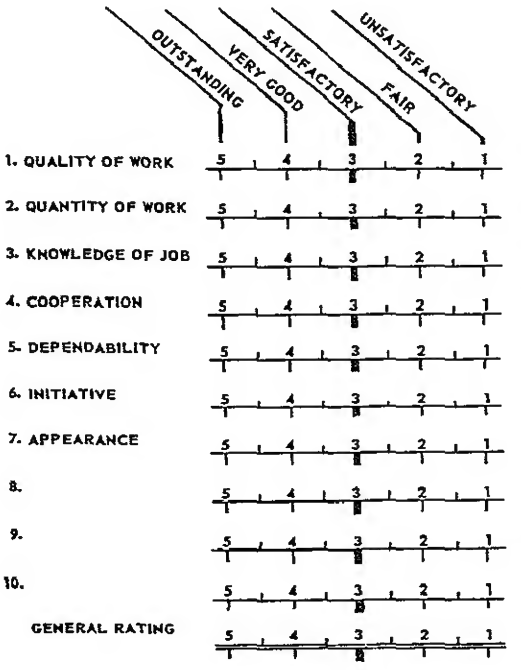
EMPLOYEE PERFORMANCE APPRAISAL FORM

Date of Employment _____ Employee's Name _____

JOB TITLE _____ DEPARTMENT _____

RATING: 90 Day ☐ 6 Months ☐ Annual ☐ Merit Increments ☐ Other _____ DEPT. NO. _____

Rate by marking "X" on each scale. Connect "X's" with a profile line. Add up point values of ratings and divide by the number of ratings. Place the average on the GENERAL RATING SCALE.



SUPERVISOR'S REMARKS

Supervisor _____ Date _____

EMPLOYEE'S COMMENTS

Employee _____

DEPARTMENT HEAD - COMMENTS

Department Head _____

Exhibit 9b—Continued

SUGGESTED DEFINITIONS -- *EMPLOYEE PERFORMANCE APPRAISAL FORM*

NORM: *"Satisfactory" is the level expected of the average, qualified worker in that job.*

1. QUALITY OF WORK:

   Accuracy, thoroughness, neatness, dependability of results, frequency of errors, the extent to which errors are repeated, the amount of checking that is required to avoid errors. Where applicable, the manner in which work or service is performed in patient and public service.

2. QUANTITY OF WORK:

   Volume of work. Speed and efficiency considered as they result in work completed.

3. KNOWLEDGE OF JOB:

   Understanding of duties and job processes in the job description, knowledge of relationships to work of others and their importance. in patient care.

4. COOPERATION:

   Relationships with fellow employees. supervisors and public -- a team worker.

5. DEPENDABILITY:

   Promptness, attendance, responsibility, and interest in work. Dependability in carrying out hospital regulations and procedures. Responsiveness in emergencies.

6. INITIATIVE:

   Degree of independence in continuing assigned work, constructive suggestions, voluntary assistance to other employees and to visitors.

7. APPEARANCE:

   Suitable to hospital environment and the job.

TO ALL SUPERVISORS:

Please answer the following questions before returning this evaluation to the Personnel Office:

1. Have you made this particular evaluation *for this rating period only* according to the duties listed on the Job Description now in the files of the Personnel Office? YES ☐ NO ☐
2. Have you assigned additional duties and/or changes in duties which should be included in this particular job description since the last evaluation? YES ☐ NO ☐
3. If "Yes" is the answer to question No. 2 above, please notify the Personnel Office of these changes immediately, also inform the employee of these changes or additions in duties in order to avoid future misunderstandings regarding work assignments.

Exhibit 10b.—Portion of survey of weekly earnings on selected domestic and maintenance positions, for selected agencies, 1958

Job title	St. Vincent's Hospital		Greater New York Hospital Association		Bureau of Labor Statistics			Veterans' Administration			Hotel Association of New York City
	Minimum	Maximum*	Minimum (average)	Maximum (average)	New York City (average)	Private Hospital (average)	Government (average)	Entry	6 months	1 year	Negotiated rate
Nurses' Aide (M)	$40.00	$50.00	$38.84	$47.00	$48.00	$39.00	$57.00	$62.00	----	$73.60	N/A
Nurses' Aide (F)	40.00	50.00	35.35	43.02	40.00	35.00	54.00	62.60	----	73.60	N/A
Porter	40.00	55.00	36.51	45.11	44.80	34.40	56.40	60.40	$63.60	66.80	$58.60
Maid	40.00	55.00	34.90	41.63	42.00	34.00	42.00	60.40	63.60	66.80	49.00
Press Operator (M)	40.00	55.00	36.05	43.26	40.40	38.40	----	47.60	50.00	52.40	55 60
Press Operator (F)	40.00	40.00	36.05	43.26	37.20	34.20	53.60	----	----	----	55.60
Dishwasher, Machine (M)	40.00	60.00	----	----	34.80	33.60	54.80	57.60	60.80	64.00	51.60
Dishwasher, Machine (F)	----	----	----	----	32.40	----	----	----	----	----	----
Kitchen Helper (M)	40.00	60.00	39.75	48 50	48.80	35.20	54.80	----	----	----	----
Kitchen Helper (F)	40.00	60.00	34.44	41.16	47.20	34.00	55.60	----	----	----	----
(Tray Carrier-Pantry Worker)								42.80	45.20	47.60	54.60
Laundry Worker (M)	40.00	60.00	38.02	41.86	----	----	----	----	----	----	----
Laundry Worker (F)	40.00	60.00	----	----	----	----	----	----	----	----	54.60
Washer (Laundry)	50.00	65.00	47.00	55.81	52.80	44.40	62.80	----	----	----	60.00
Mechanic (Tradesman's Helper)	50.00	65.00	46.30	56.31	----	----	----	----	----	----	74.60
Electrician (Maintenance)	60.00	80.00	----	----	76.40	69.20	93.60	----	----	----	82.60
Engineer (Stationary)	70.00	85.00	83.02	96.51	93.60	79.60	114.40	----	----	----	97.60
Head Cook	80.00	105.00	----	----	----	----	----	90.00	94.80	99.60	

*The amount of service required to achieve the maximum earnings at St. Vincent's Hospital was 1–4 years; and in the Greater New York Hospital Association, 4 years.

NOTE.—In St. Vincent's the jobs of *Dishwasher, Machine (M)*, *Kitchen Helper (M–F)*, *Head Cook* had a basic workweek of 35 hours; however, the wages here reflect pay for 40 hours to relate to other comparable wages.

The basic workweek of all jobs in the agencies surveyed is *40* hours.

Where the distinction is not made for male or female worker, the wage entered was assumed applicable to both sexes.

Exhibit 11b.—Portion of survey of weekly earnings on selected domestic and maintenance positions for selected agencies, 1958

Job title	St. Vincent's Hospital		New York City Civil Service Commission	
	Minimum	Maximum	Minimum	Maximum
	(1–4 years)		(7 years)	
Porter	$40.00	$55.00	$50.00	$65.00
Elevator Operator	40.00	50.00	57.70	75.00
Cook	60.00	90.00	72.11	92.00
Maintenance Man	50.00	65.00	*80.80	
Senior Cook	70.00	85.00	76.92	97.70
Carpenter	60.00	90.00	*98.80	
Electrician	60.00	80.00	*100.80	

*Denotes weekly average wage paid in New York City. No specified range. Policy is to pay according to going rate as indicated by current Bureau of Labor Statistics City Wage Survey.

Exhibit 12b.—Portion of survey of weekly earnings on selected clerical positions, 1958

A) Job title	St. Vincent's Hospital				Greater New York Hospital Association	
	Minimum		Maximum**		Minimum (40 hours)	Maximum (40 hours)
	35 hours*	40 hours	35 hours	40 hours		
Accounting Clerk	$50.00	$(57.20)	$65.00	($74.40)	$54.90	$67.44
Cashier	50.00	(57.20)	65.00	(74.40)	53.72	65.58
Clerk—General	45.00	(51.60)	60.00	(68.40)	42.33	52.00
Clerk-Typist	50.00	(57.20)	60.00	(68.40)	47.21	58.00
Clerk-Typist (Medical)	55.00	(62.80)	65.00	(74.40)	50.93	61.03
Ediphone Operator (Medical)	55.00	(62.80)	65.00	(74.40)	55.58	67.45
Medical Secretary	60.00	(68.40)	80.00	(91.60)	60.00	73.49
Secretary	60.00	(68.40)	75.00	(85.60)	56.28	69.30
Switchboard Operator	52.50	(60.00)	67.50	(77.20)	46.51	55.11
Medical Record Technician	55.00	(62.80)	65.00	(74.40)	57.00	72.00
Ward Clerk		40.00		50.00	37.44	46.74

B) Job title	St. Vincent's Hospital				BLS Survey of Hospitals (women)		
	Minimum		Maximum		Type of hospital	Hours per week	Earnings
	35 hours*	40 hours	35 hours	40 hours			
Payroll Clerk	$50.00	($57.20)	$65.00	($74.40)	New York City average	39.5	$61.00
					Government	40.5	69.00
					Nongovernment	39.5	59.50
Stenographer (Technical)	60.00	(68.40)	80.00	(91.60)	New York City average	38.5	62.50
					Government	38.5	67.50
					Nongovernment	38.5	61.00
Switchboard Operator	52.50	(60.00)	67.50	(77.20)	New York City average	38.5	53.50
					Government	36.5	61.50
					Nongovernment	39.5	49.50
Switchboard Operator-Receptionist	45.00	(51.60)	65.00	(74.40)	New York City average	40.0	47.50
					Government	N/A	N/A
					Nongovernment	40.0	45.00
	55.00	(62.80)	65.00	(74.40)	New York City average	39.0	62.00
					Government	40.0	67.50
					Nongovernment	38.0	57.50

Exhibit 12b.—Portion of survey of weekly earnings on selected clerical positions—Con.

C) Job title	St. Vincent's Hospital		New York City Civil Service Commission	
	Minimum	Maximum	Minimum	Maximum
	(35-hr. week)		(35-hr. week)	
Clerk	$45.00	$60.00	$52.88	$70.19
Typist	50.00	60.00	52.88	70.19
Account Clerk	50.00	65.00	57.70	75.00
Transcribing Typist	50.00	60.00	57.70	75.00
Senior Stenographer	55.00	75.00	67.31	88.08

D) Job title	St. Vincent's Hospital		Hotel Association of New York City negotiated rate (35-hr. week)
	Minimum	Maximum	
	(35-hr. week)		
File Clerk	$45.00	$60.00	$55.60
Payroll Clerk	50.00	65.00	60.60
Typist	50.00	60.00	57.60
Account Clerk	50.00	65.00	61.60
Stenographer	55.00	70.00	59.60
Switchboard Operator	52.50	67.50	59.60

E) Job title	St. Vincent's Hospital		National Industrial Conference Board median earnings (35-hr. week)
	Minimum	Maximum	
	(35-hr. week)		
Office Boy	$40.00	$50.00	$52.00
File Clerk	45.00	60.00	57.00
Junior Typist	50.00	60.00	57.00
Senior Typist	55.00	65.00	63.00
Bookkeeping Machine Operator	62.50	82.50	62.00
Stenographer	55.00	70.00	66.00
Dictating Machine Operator	55.00	65.00	70.00
Switchboard Operator	52.50	67.50	73.00
Secretary	60.00	75.00	87.00

*Denotes actual hours worked per week. Equivalent earnings for a 40-hour week are indicated to relate to source of survey.

**The amount of service required to achieve maximum earnings was: St. Vincent's Hospital, 1–4 years; Greater New York Hospital Association, 4 years; New York Civil Service Commission, 7 years.

Exhibit 13b.—Portion of survey of weekly earnings on selected technical positions, 1958

Job title	St. Vincent's Hospital				Greater New York Hospital Association		Bureau of Labor Statistics, New York City, average (40 hours)	New York City Civil Service Commission	
	Minimum*		Maximum**						
	35 hours	40 hours	35 hours	40 hours	Minimum (40 hours)	Maximum (40 hours)		Minimum (40 hours)	Maximum (40 hours)
Dietitian (B.S.)	$70.00	($80.00)	$90.00	($102.80)	$66.75	$81.93	$74.00		
Physical Therapist (M)	65.00	(74.40)	85.00	(97.20)			78.00	$72.11	$92.90
Physical Therapist (F)	65.00	(74.40)	85.00	(97.20)			73.00	72.11	92.90
Social Caseworker (MSS)	78.45	(89.60)	117.00	(133.60)			82.50	87.50	115.20
X-ray Technician (M)	65.00	(74.00)	80.00	(91.60)	62.33	76.28	71.00	83.50	83.27
X-ray Technician (F)	65.00	(74.00)	80.00	(91.60)	62.33	76.28	67.00	62.50	83.27
	37 hours*	40 hours	37 hours	40 hours					
Medical Technologist (M)	65.00	(70.40)	80.00	(86.40)	63.72	78.37	66.50	87.20	115.20
Medical Technologist (F)	65.00	(70.40)	80.00	(86.40)	63.72	78.37	65.00	87.20	115.20

*Actual hours worked and actual wages—40-hour equivalent indicated to relate to other sources of survey.
**The amount of service required to achieve the maximum earnings was: St. Vincent's Hospital, 1–4 years; Greater New York Hospital Association, 4 years; New York Civil Service Commission, 7 years.

Exhibit 14b.—Portion of survey of weekly earnings on key professional nursing positions, 1958–59

Job title	St. Vincent's Hospital		Bureau of Labor Statistics		New York City Civil Service Commission	
	Minimum	Maximum*	Type of hospital	Average earnings	Minimum	Maximum
	Scale				Scale	
Staff Nurse	$69.23	$76.65	New York City average	$69.50	$72.11	$92.90
			Government	70.50		
			Nongovernment	67.50		
Head Nurse	75.00	98.00	New York City average	77.50	81.73	102.50
			Government	81.50		
			Nongovernment	74.00		
Instructor	75.00	98.00	New York City average	81.00		
			Government	80.00		
			Nongovernment	82.50		
Supervisor	84.23	107.11	New York City average	90.50	93.27	120.90
			Government	95.00		
			Nongovernment	86.00		
Director of Nursing			New York City	117.00	110.35	144.01
			Government	132.00		
			Nongovernment	112.50		

*The amount of service required to achieve the maximum earnings at St. Vincent's Hospital was 1–4 years; and at the New York Civil Service Commission, 7 years.

Exhibit 15b.—Job authorization requisition

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Job title: _____ Job No.: _____

Department name: _____ Department No.: _____

☐ Permanent ☐ Full time
☐ Temporary ☐ Part time

Hours of work:

Daily_____ to _____
Saturday_____ to _____
Sunday_____ to _____
Days off _____

Lunch period

_____ Hour

Shift rotation:

☐ Yes ☐ No Explain: _____

☐ Biweekly
Salary range from _____ to _____ ☐ Hourly

Other compensation

_____

Special duties or characteristics:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Approvals

_____
(Immediate supervisor)

_____
(Department head)

_____
(Assistant administrator)

_____
(Administrator)

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Exhibit 15b.—Job authorization requisition—Continued

OCCUPANTS OF POSITION

Name	Starting date	Starting salary	Termination date	Final salary	Reason

Appendix C—Recruitment and Selection

Exhibit 1c.—Special rating form for applicants employed as maids and porters

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Name: _____ Maid _____ Date hired _____
Porter _____

Marital status rating·_____ Married or Widowed (+1), Single (−2), Divorced (0)

Age range rating·_____ 20–29 (−1), 30–39 (+2), 40–49 (+1), 50 and above (−2)

Motivation rating:_____ Desire to work around people; to help them (0−3)

Previous experience·_____ None as Maid or Porter (−1); some at other hospital (−2); some, not at another hospital (+1)

Previous earnings _____ (Compared with earnings offered here): Earned 10% more or higher (−3), up to 10% higher (−2), earned less (+1), about the same (+2).

(Total score)_____

_____
(Interviewer)

Interview Appraisal: Unsatisfactory _____, Fair _____

Satisfactory _____, Outstanding _____

End of probation period·

Exhibit 2c

The New York State law against discrimination prohibits discrimination on account of age.

EMPLOYMENT APPLICATION

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Print or Type:

Today's Date _____

Position applied for _____ Permanent ☐ Full Time ☐ Temporary ☐ Part Time ☐

Other types of work you will consider _____

Name _____ (Last / First / Middle) Soc. Sec. No. _____

If married, give maiden name _____

Present address _____ (No. / Street / City / State) Period of Residence _____ Years

Previous address _____ (No. / Street / City / State) Period of Residence _____ Years

Telephone Number _____ Date of Birth _____ No. of Dependents _____ Relationship _____

Citizen of U.S.? Yes ☐ No ☐ If not U.S. Citizen, state type of entry document and Serial No. _____

Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐

Notify in case of emergency _____ (Name)

Address _____ Phone No. _____

Salary Desired _____ Week

Referred to St. Vincent's by _____ Minimum you will consider _____ Week

EDUCATION

NAME AND ADDRESS OF SCHOOL	DATES From Mo.	DATES From Yr.	DATES To Mo.	DATES To Yr.	NATURE OF COURSE	GRADUATE Yes	GRADUATE No
Elementary							
High							
College							
Other Business, Technical, etc.							

MILITARY SERVICE

Did you serve in the U. S. Armed Forces? Yes ☐ No ☐ If No, state reason _____

Date of Service: From _____ to _____ Serial No. _____ Highest Rank _____

Branch of Service _____ Type of Discharge _____ Principal duties performed _____

PREVIOUS EMPLOYMENT (List last position first and account for at least 10 years)

Firm name, address and telephone number	Dates	Weekly Salary	Duties and Responsibilities	Reason for Leaving
1.	To ____ From ____	Present ____ Starting ____		
2.	To ____ From ____	Leaving ____ Starting ____		
3.	To ____ From ____	Leaving ____ Starting ____		
4.	To ____ From ____	Leaving ____ Starting ____		

State reasons for period of unemployment _____

Check special: Skills, experience, training or hobbies: Typing ☐ Words per minute ____ _____

Stenography ☐ Words per minute _____ Dictaphone ☐ Switchboard ☐ Office Ma hines ☐ What kind? _____ Other _____ _____

Exhibit 2c—Continued

PERSONAL DATA

Languages (include English) 1. _____ Speak ☐ Read ☐ Write ☐

2. _____ Speak ☐ Read ☐ Write ☐

Have you ever filed an application here before? Yes ☐ No ☐

Have you ever worked here before? Yes ☐ No ☐ Do you carry life insurance? Yes ☐ No ☐

List relatives or friends working at St. Vincent's _____
Name

Have you ever been arrested, summoned or arraigned in a criminal court or served a prison sentence? Yes ☐ No ☐

Date of arrest? _____ Place of arrest _____ Reason _____

Outcome of case against you? _____ Are you now on parole? Yes ☐ No ☐

Do you now have or have you ever had a wage assignment against you? Yes ☐ No ☐

If yes, explain _____

MEDICAL DATA

Have you had any chronic or acute illnesses (include nervous or mental breakdowns) or operations? Yes ☐ No ☐

Explain _____

Height ___ ft. ___ in. Weight ___ lbs.

Do you have any physical disabilities? Yes ☐ No ☐ List them _____

Have you ever received an injury on any prior job? Yes ☐ No ☐ Name of Company _____

Address _____ Date of injury _____ Explain type of injury _____

Have you ever received or are you presently receiving Workman's Compensation for work injuries? Yes ☐ No ☐

Name of Company _____ Address _____

Date compensation received _____ Explain type of injury _____

I understand that any false statement by me in this application will be cause for my rejection or dismissal, and that my employment is contingent upon successful completion of a physical examination given by the Personnel Physician of this Hospital

In accordance with Section 200 B and 201 A of the New York State Labor Law, I agree to be fingerprinted.

I authorize verification of All information given ☐
All information except present employer ☐

Every employee hired after July 1st, 1962 will become a participant of the Pension Plan of the Archdiocese of New York, upon satisfying the eligibility requirements.

_____
Signature of Applicant

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S REMARKS:

References		
Employer		
No.	Sent	Received
1.		
2.		
3.		
4.		

GCT	C	N	V	T

MCT	

Interviewed by _____ Date _____
Personnel Department

Rating ☐

Interviewed by _____ Accepted ☐ Rejected ☐
Supervisor's Name

S/S _____ B/W ☐ Hr. ☐

Date _____

Dpt. _____

Exhibit 3c.—Interview rating form

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

Name: _____ Age: _____ Date: _____

Being considered for: _____ Interviewer: _____

I. WORK HISTORY

(Below average) (Average) (Above average)

1. Duties and responsibilities?
2. Technical or hospital experience?
3. Number of previous jobs?
4. Contact with people?
5. Likes and dislikes?
6. How closely supervised?
7. Working conditions?
   - Hard work, long hours?
   - Other physical demands?
   - Need for accuracy, care?
8. Level of earnings?
9. Any leadership experience?
10. Reasons for changing jobs?
11. Why seeking job here?
12. Factors of job satisfaction?

II. EDUCATION AND TRAINING

(Below average) (Average) (Above average)

1. Amount and nature?
   - Too little—too much?
   - Special knowledge and skills?
2. Best—poorest subjects?
3. Level of grades?
   - Any honors or awards?
4. Extracurricular activities?
5. Reason for leaving school?
6. Any subsequent training?
7. How was education financed?

III. PERSONAL HISTORY

A. *Early Home Background*

(Below average) (Average) (Above average)

1. Socioeconomic level?
   - Father's occupation?
2. Childhood factors?
   - Number of brothers and sisters?
   - Overprotective parents?
   - Upbringing lax or strict?
   - Parental guidance?
   - Moral standards?
3. When financially independent?

B. *Present Home Adjustment*

(Below average) (Average) (Above average)

1. Present interests and hobbies?
2. Marital status and adjustments?
3. Living arrangements?
4. Wife's (husband's) attitude toward this job?
5. Dependents (number and ages)?
   - Arrangements for care?
6. Financial stability?
   - Housing, insurance, savings?
7. Transportation to work?

C. *Manner, Appearance, and Health*

(Below average) (Average) (Above average)

1. Physical appearance?
2. Attitude?
3. Any unfavorable mannerisms?
4. Health status?
   - Unfavorable health history?
   - Physical vigor and stamina?

Exhibit 3c—Interview rating form—Continued

IV. TRAIT CHECKLIST

(+ ? −)

( ) Conscientious?	( ) Hard worker?
( ) Responsible?	( ) Self-discipline?
( ) Honest and sincere?	( ) Initiative?
( ) Tactful?	( ) Perseverance?
( ) Adaptable?	( ) Even-tempered?
( ) Teamworker?	( ) Emotionally mature?

Trade questions

V. SUMMARY AND RECOMMENDATIONS

VI. OVERALL RATING FOR JOB: _____ (Poor) _____ (Below average) _____ (Average) _____ (Above average) _____ (Excellent)

A) If applicant is not completely qualified now, is applicant trainable? ☐ Yes ☐ No

B) Is job stability likely to be satisfactory? ☐ Yes ☐ No

Appendix D—Role of the Supervisor

Exhibit 1d

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

SUPERVISOR'S REPORT ON HIS RESPONSIBILITY AND AUTHORITY

Rate your job, as it actually is, for each activity below, using this code:

Use A if you have authority to act without prior notice to any superior, without any approval, and without reporting to anyone what you did.
Use B if you have authority to act without prior notice to any superior, without any approval, but if a report on your action is required.
Use C if you may act only after giving prior notice to your superior.
Use D if you may act only with prior approval of your superior.
Use E if you may act only with staff advice (such as Administrator or Assistant Administrator, Personnel Director, Medical Director, etc.)
Use F if you may not take action in the activity unless directly told to do so.

	RATE YOUR AUTHORITY BY WRITING A, B, C, D, E, OR F HERE:
1. Requisition new employees.	1. _____
2. Select new employees from among applicants.	2. _____
3. Put new employees to work.	3. _____
4. Introduce new employees to others in department.	4. _____
5. Explain hospital regulations to new employees.	5. _____
6. Assign and reassign jobs in department.	6. _____
7. Make temporary work changes.	7. _____
8. Shift people to other duties in an emergency.	8. _____
9. Give job instructions to employees.	9. _____
10. Grant leaves of absence.	10. _____
11. Arrange vacation schedule.	11. _____
12. Recommend workers for promotions.	12. _____
13. Assign workers to necessary overtime.	13. _____
14. Give permission for an employee to leave work area temporarily.	14. _____

Exhibit 1d—Continued

15.	Rate employees.	15. _____
16.	Grant a transfer to another department.	16. _____
17.	Request transfer of an employee from another department.	17. _____
18.	Accept an employee who has permission to transfer from another department to fill a vacancy in your department.	18. _____
19.	Suggest to an employee ways to improve work performance.	19. _____
20.	Give a verbal warning to an employee.	20. _____
21.	Give a written warning to an employee.	21. _____
22.	Make a disciplinary layoff.	22. _____
23.	Discharge for cause.	23. _____
24.	Accept a grievance report by an employee.	24. _____
25.	Answer grievances.	25. _____
26.	Enforce safety rules.	26. _____
27.	Send an injured employee for medical treatment.	27. _____
28.	Permit return to work of employee who has been absent for illness or injury.	28. _____
29.	Report accidents involving your employees.	29. _____
30.	Make experimental changes in procedures.	30. _____
31.	Approve work completed by employees.	31. _____
32.	Analyze each job for ways to improve the way it is being done.	32. _____
33.	Check on equipment and supplies used in the department.	33. _____
34.	Order equipment repairs or replacements when necessary.	34. _____
35.	Keep the department area clean and orderly.	35. _____

NAME _____

DEPARTMENT _____ POSITION _____

Exhibit 2d

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

DEPARTMENT HEAD'S REPORT ON HIS RESPONSIBILITY AND AUTHORITY

For each of the following activities, please rate on the left the degree of authority of the supervisor (s) in your department, and on the right your authority, using the following code. (If authority varies among your supervisors, use appropriate code letter for the majority and another code letter, on the same line, with initials of supervisors who are the exceptions.)

A means authority to act without prior notice to any superior, without any approval, and without reporting to anyone what you did.
B means authority to act without prior notice to any superior, without any approval, but with a required report on your action.
C means authority to act only after giving prior notice to a superior.
D means authority to act only with Staff advice (such as Administrator, Assistant Administrator, Personnel Director, Medical Director, etc)
E means authority to act only with prior approval of a supervisor.
F means no authority to take action unless directed to.

	RATE AUTHORITY OF YOUR SUPERVISOR (S) BY WRITING A, B, C, D, E, OR F, HERE:		RATE YOUR AUTHORITY BY WRITING, A, B, C, D, E, OR F HERE:
1.	Requisition new employees.	1.	
2.	Select new employees from among applicants.	2.	
3.	Put new employees to work.	3.	
4.	Introduce new employees to others in department.	4.	
5.	Explain hospital regulations to new employees,	5.	
6.	Assign and reassign jobs in department.	6.	
7.	Make temporary work changes.	7.	
8.	Shift people to other duties in an emergency.	8.	
9.	Give job instructions to employees.	9.	
10.	Grant leaves of absence.	10.	
11.	Arrange vacation schedule.	11.	
12.	Recommend workers for promotions.	12.	
13.	Assign workers to necessary overtime.	13.	
14.	Give permission for an employee to leave work temporarily.	14.	

Exhibit 2d—Continued

_____	15. Rate employees.	15.	_____
_____	16. Grant a transfer to another department.	16.	_____
_____	17. Request transfer of an employee from another department.	17.	_____
_____	18. Accept an employee who has permission to transfer from another department to fill a vacancy in your department.	18.	_____
_____	19. Suggest to an employee ways to improve work performance.	19.	_____
_____	20. Give a verbal warning to an employee.	20.	_____
_____	21. Give a written warning to an employee.	21.	_____
_____	22. Make a disciplinary layoff.	22.	_____
_____	23. Discharge for cause.	23.	_____
_____	24. Accept a grievance report by an employee.	24.	_____
_____	25. Answer grievances.	25.	_____
_____	26. Enforce safety rules.	26.	_____
_____	27. Send an injured employee for medical treatment.	27.	_____
_____	28. Permit return to work of employee who has been absent for illness or injury.	28.	_____
_____	29. Report accidents involving your employees.	29.	_____
_____	30. Make experimental changes in procedures.	30.	_____
_____	31. Approve work completed by employees.	31.	_____
_____	32. Analyze each job for ways to improve the way it is being done.	32.	_____
_____	33. Check on equipment and supplies used in department.	33.	_____
_____	34. Order equipment repairs or replacements when necessary.	34.	_____
_____	35. Keep the department area clean and orderly.	35.	_____

NAME _____

DEPARTMENT _____ POSITION _____

Exhibit 3d

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

SUPERVISORY RESPONSIBILITIES QUESTIONNAIRE

Supervisors. Check one column for each responsibility to describe your position as it actually is now.

Department Heads: Check one column for each responsibility to describe the jobs of your supervisors as they actually are now. (If responsibilities vary among your supervisors, check the column showing the level of responsibility for the majority, and write the initials of other supervisors who are the exceptions in appropriate columns.)

Name _____

Position Title _____

Department _____ Date _____

Supervisor Indicate number of employees that you are supervising directly now

(**Dept. Heads** Indicate nos. by initials of your sup'v'rs., on other side if necessary.)

Percentage of work week normally spent in planning and in direct supervision of employees who actually carry out the work of your unit. _____ %

RESPONSIBILITIES	CHECK ONE COLUMN TO SHOW LEVEL OF RESPONSIBILITY			
	May act without prior notice to any superior, without any approval, but may be required to make a written or oral report on what was done.	May act only with prior approval of your superior or when directly ordered to do so.	Not part of job. Never expect to take this action.	Uncertain of action that would be taken
1 Requisition new employees as replacements for approved vacant positions or to fill newly authorized positions.	1.	1.	1.	1.
2 Selection and hiring of employees from among applicants.	2.	2.	2.	2.
3 Orientation of new employees to hospital and departmental regulations.	3.	3.	3.	3.
4 Instruction of employees in their job procedures.	4.	4.	4.	4.
5 Instruction of employees to permit rotation of assignments when necessary.	5.	5.	5.	5.
6 Establishment of performance standards for jobs under your supervision.	6.	6.	6.	6.
7 Maintenance of employees' performance up to standards.	7.	7.	7.	7.
8. Reassignments of personnel or changes in job duties to improve performance of your unit, within personnel and budget allowances.	8.	8.	8.	8.
9 Reassignments of employees in your unit in emergencies.	9.	9.	9	9.
10 Preparation and approval of vacation schedules.	10.	10.	10.	10.
11. Assignments of employees for necessary overtime, within departmental regulation and budget.	11.	11.	11.	11.
12 Evaluation of employees' performance.	12.	12.	12.	12.
13 Give verbal warnings to employees.	13.	13.	13.	13.

Exhibit 3d—Continued

14. Give written warnings to employees.	14.	14.	14	14.
15. Make a disciplinary lay-off (a day to a week).	15.	15.	15.	15.
16 Discharge an employee for cause.	16.	16.	16.	16.
17. Recommend an employee for a merit increase or a promotion.	17.	17.	17.	17.
18. Planning, scheduling and directing for efficient utilization of space, personnel and equipment.	18.	18.	18.	18.
19. Planning and enforcing safety procedures in your unit.	19.	19.	19.	19.
20. Make experimental changes in work procedures not requiring additional personnel or expenditures.	20.	20.	20.	20.
21. Make changes in job descriptions of employees in your unit after analy sis and reassignment of duties.	21.	21.	21.	21.
22. Order authorized repairs or replacement of equipment when necessary.	22.	22.	22.	22.
23. Participate in budget planning.	23.	23.	23.	23.
24. Act on or channel grievances and suggestions of employees in your unit.	24.	24.	24.	24.

Supervisor: Please indicate below **significant** changes in your responsibilities during the last 6 months.

Dept. Head: Please indicate these changes common to all of your supervisors, and variations, if any, by numbers with the exceptional supervisor's initials.

Significant Changes in Responsibilities	Enter below numbers from list of 24 responsibilities (above) that have been **significantly** changed during the last 6 months
SIGNIFICANTLY INCREASED	
SIGNIFICANTLY DECREASED	

Appendix E—Morale of Nonsupervisory Personnel

Exhibit 1e.—Unsigned employee survey questionnaire

THE ST. VINCENT'S HOSPITAL OF THE CITY OF NEW YORK

To All Employees:

St. Vincent's Hospital, through its employees, has only one purpose, to give each patient the best possible care. Every one who works here has an important share of that responsibility. Each one of us has information and ideas about the work we do. If we can add all that information and all those ideas together, then we can plan to make working at St. Vincent's Hospital even more pleasant and rewarding. Then, all of us together can give even better service to those who come to us as patients.

Your Answers Will Be Treated in Confidence

DO NOT SIGN! This is part of a broad 3-year Personnel Research Project that our hospital is conducting under a U.S. Public Health Service grant. Only the statistical staff in the Personnel Research Office will see the unsigned forms. After all the answers have been tabulated, the questionnaires will be burned. What the research staff needs is only a statistical summary of the answers by all employees —without any identification by name.

PLEASE ANSWER THESE QUESTIONS, THEN FOLD THIS FORM AND DROP IT IN THE SPECIAL BOX AT THE TIMEKEEPER'S DESK

Thank You for Your Cooperation in This Important Part of the Personnel Research Project

Please print the name of your department _____.
How long have you worked at St. Vincent's Hospital? (Please check): Less than 3 months ____. 3 months or longer____.

Check (✓) one of the five answers to each of the following 9 questions to show how you really feel:

I. If one of your relations had to go to a hospital and asked you, would you say from your personal knowledge or experience that the service and care given to patients at St. Vincent's Hospital is:
1. Very poor ____.
2. Not as good as at most hospitals ____.
3. About as good as at most hospitals ____.
4. Better than at most hospitals ____.
5. Probably the best care you can get ____.

Please Check (✓) Only One of the Five Answers

II. How do you feel about your present job? (Check ONE)
1. I dislike it very much ____.
2. I do not like it very much ____.
3. It is just another job ____.
4. I like it ____.
5. I like it very much ____.

III. If you knew that you could get another job, doing the same work in the same hours for the same pay, would you leave St. Vincent's? (Check ONE)
1. I surely would leave ____.
2. I probably would leave ____.
3. I don't know what I would decide about leaving ____.
4. I don't think that I would leave ____.
5. I definitely would not leave ____.

IV. So long as you are meeting all the responsibilities of your job well, do you think you can count on not losing your job at St. Vincent's?—(on not being discharged?) (Check ONE)
1. I am sure I cannot count on keeping my job ____.
2. I am not at all sure of keeping my job ____.
3. I just assume I won't lose my job ____.
4. I am almost certain that I won't lose my job ____.
5. I am very sure that I won't lose my job ____.

V. All in all, do you feel that your supervisor is giving you fair treatment? (Check ONE)
1. Never ____.
2. Seldom ____.
3. Sometimes ____.
4. Almost always ____.
5. Always ____.

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Exhibit 1e—Unsigned employee survey questionnaire—Continued

VI. When you have a problem about how to get your work done, are you able to talk to your supervisor about it when you want to? (Check ONE)

1. No, it is practically impossible ____.
2. Usually not, it is difficult ____
3. Sometimes it is possible ____.
4. Yes, usually ____.
5. Yes; I never hesitate ____.

VII. What does happen when you or another employee in your department makes a complaint about something on the job? (Check ONE)

1. He finds out that it is not good to complain about anything ____.
2. The complaint hardly ever is considered or taken care of ____.
3. Sometimes the complaint is considered or taken care of ____.
4. Usually the complaint is considered or taken care of ____.
5. Almost always the complaint is considered or taken care of ____.

VIII. If changes are made in the work of your department, do you think that your supervisor would tell you why the change is being made? (Check ONE)

1. Never ____.
2. Rarely ____.
3. Sometimes ____.
4. Usually ____.
5. Always ____.

IX. Do you believe that St. Vincent's Hospital is interested in making your work as satisfying as possible? Check ONE)

1. Not interested at all ____.
2. Not very interested ____.
3. I am not sure how interested the hospital is ____.
4. Fairly interested ____.
5. Very much interested ____.

X. Please write or print here what you like best about your job: _____

_____

XI. Please write or print here what you would like most to have improved about your job: _____

_____

Do Not Sign Your Name: Please fold this form and drop it in box. Thank you for your cooperation in this Personnel Research Project.

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